

## Department of State - Business Services Division

F: 25

->> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

SEP 14 2021	
BY	105

Entity ID Number	2. Exact name of the Limited Liability Company						
89874	767 WArwick Avenue LLC						
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island						
531120				,			
5. State of Formation	real estate holding						
RI	<u>.                                    </u>	/ K A- (	43/4/6	+ state talking			
6. Principal Office Address			City	State	Zip		
858 Washington St. #369			Jedham	MA	02026		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Gregory Salvabore			City State Zip				
Street Address / (	SAME		City	State	Zip		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name 🕝	Manager Name			• .	n		
Street Address , , , =	· · · -		Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Person Date							
5189014 Salvatore 9/1/21					1/21		
Signature of Authorized Person							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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