



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

SEP 14 2021  
 BY gry  
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**Annual Report for the year: 2021**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |                        |                  |     |
|---|-------|---|------------------------|------------------|-----|
| 1. Entity ID Number<br><b>121026</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Robinco, LLC</b>                             |                        |                  |     |
| 3. NAICS Code<br>531110   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Rental Real Estate |                        |                  |     |
| 5. State of Formation<br>RI   |       |   |                        |                  |     |
| 6. Principal Office Address<br>60 Beauchamp Drive   |       | City<br>Saunderstown  | State<br>RI            | Zip<br>02874     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                        |                  |     |
| Contact Name<br>Robin DiSchino  |       |   | Contact Title<br>Owner |                  |     |
| Street Address<br>60 Beauchamp Drive  |       | City<br>Saunderstown  | State<br>RI            | Zip<br>02874     |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                        |                  |     |
| Manager Name  |       | Manager Name  |                        |                  |     |
| 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 <input type="checkbox"/>  |       |   |                        |                  |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |                        |                  |     |
| <i>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.</i> |       |   |                        |                  |     |
| Name of Authorized Person<br>Robin DiSchino   |       |   |                        | Date<br>09/04/21 |     |
| Signature of Authorized Person<br>  |       |   |                        |                  |     |

**MAIL TO:**  
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