State of Rhode Island
Department of State - Business Services Division

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.

FILED ST...
SEP 1 4 2021
BY

1. Entity ID Number	2. Exact name of the Limited Liability Company
001665912	**LLMM, LLC**

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
53 1110	Management services relating to real estate project.
5. State of Formation	
Rhode Island	

6. Principal Office Address	City	State	Zip
101 Corliss Street	Providence	RI	02904

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Guido R. Salvadore, Esq.	Contact Title	Registered Agent		
Street Address	10 Weybosset St., Suite 303	City Providence	State RI	Zip 02903	

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	John C. Santoro		Manager Name	Robert P. Terino	
Street Address	101 Corliss Street		Street Address	101 Corliss Street	
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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 9/14/2021
John C. Santoro, Manager	
Signature of Authorized Person	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2020