RI SOS Filing Number: 202101925930 Date: 9/20/2021 4:00:00 PM



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.

	FILEDMP
	SEP 20 2021
BY.	25

1. Entity ID Number	Exact name of the Limited Liability Company						
50 0 67-69 GOVERNOR STREET							
5. State of Formation RI	4. Brief descript REAL ESTAT		cter of business conducted in Rhoo	de Island			
6. Principal Office Address City State Zip							
67-69 GOVERNOR STREET			PROVIDENCE	RI	02906		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name DOMENIC GIANI	FRANCESCO		Contact Title OWNER				
Street Address 109 HIGH SERVICE AVENUE			City NOIRTH PROVIDENCE	State RI	^{Zip} 02911		
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							
9. The Resident Agent information	on currently of rec	ord with the RI C	Department of State is accurate. C	hanges require fi	ling 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			
DOMENIC GIANFRANCESCO				8/30/21			
Signature of Authorized Person							

MAIL TO:

Division of Business Services

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

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