



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

**FILED STAMP**

**Annual Report for the year: 2021**  
**Limited Liability Company**

SEP 22 2021  
 FOR SECRETARY OF STATE  
 OFFICE  
 BY 175 DS

- 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 <b>526275</b>	2. Exact name of the Limited Liability Company <b>GLEN L. CORSETTI, SR., L.L.C.</b>		
3. NAICS Code 531311	4. Brief description of the character of business conducted in Rhode Island Real estate management		
5. State of Formation RHODE ISLAND			
6. Principal Office Address 45 Central Street	City Wakefield	State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Karen E. Corsetti		Contact Title Executrix of Estate of Glen L. Corsetti, Sr.	
Street Address 45 Central Street		City Wakefield	State RI Zip 02879
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Karen E. Corsetti		Manager Name	
Street Address 45 Central Street		Street Address	
City Wakefield	State RI	Zip 02879	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 Karen E. Corsetti, Executrix of Estate of Glen L. Corsetti, Sr.		Date 9/18/21	
Signature of Authorized Person <i>Karen E Corsetti</i>			

**MAIL TO:**  
 Division of Business Services  
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 Website: www.sos.ri.gov