

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 STAMP
SEP 2 2 2021 CREATION OF COMME
BY 175.0

1. Entity ID Number 526275	2. Exact name of the Limited Liability Company					
	GLEN L. CORSETTI, SR., L.L.C.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531311	Real estate management					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
45 Central Street			Wakefield	RI	02879	
7 Mailing Address of Limited Lia		and Name or Tit	le of Contact Person	•	4	
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 a		of the Limited Lial	bility Company. IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name Karen E. Corsetti			Manager Name			
Street Address 45 Central Street			Street Address			
City Wakefield	State RI	^{Zip} 02879	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
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						
Karen E. Corsetti, Executrix of Estate of Glen L. Corsetti, Sr.						
Signature of Authorized Person Kove M & Cornett						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sas.ri.gov