

State of Rhode Island and Providence Plantations

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.

SEP 2 1 2021	&
644	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
507104	DeCesare, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531390	Real Estate						
5. State of Formation							
Rhode Island							
. Principal Office Address			City	State	Zip		
180 Meshanticut Valley Parkway			Cranston	RI	02920		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name James R. DeCesare		Contact Title Member					
Street Address 180 Meshanticut Valley Parkway			City Cranston	State RI	Zip 02920		
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	<u>, </u>		Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Islan	id, This informat	tion is currently of r	ecord with the Department of Sta	ate. Changes require fili	ng 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							
James R. DeCesare, Member 9-3-2/							
Signature of Authorized Person Our Color							
		<u> </u>					

MAIL TO:

Division of Business Services

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

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