



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

SEP 29 2021

BY

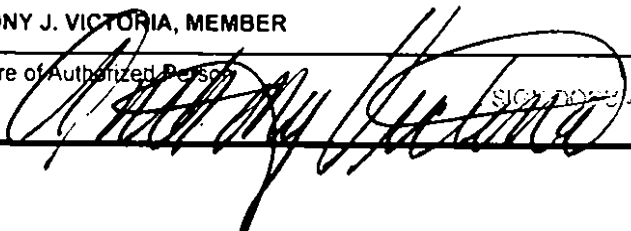
**Annual Report for the year: 2021**

**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.

|                                                                                                                                                                                                             |       |                                                                                                                                                                                   |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><b>1663221</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>730 BOSTON NECK ROAD, LLC</b>                                                                                                |                        |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO PURCHASE, HOLD, LEASE AND SELL RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.</b> |                        |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                                                                                                   |                        |
| 6. Principal Office Address<br><b>165 FRENCHTOWN ROAD</b>                                                                                                                                                   |       | City<br><b>NORTH KINGSTOWN</b>                                                                                                                                                    | State<br><b>RI</b>     |
|                                                                                                                                                                                                             |       |                                                                                                                                                                                   | Zip<br><b>02852</b>    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                                   |                        |
| Contact Name<br><b>ANTHONY J. VICTORIA</b>                                                                                                                                                                  |       | Contact Title<br><b>MEMBER</b>                                                                                                                                                    |                        |
| Street Address<br><b>165 FRENCHTOWN ROAD</b>                                                                                                                                                                |       | City<br><b>NORTH KINGSTOWN</b>                                                                                                                                                    | State<br><b>RI</b>     |
|                                                                                                                                                                                                             |       |                                                                                                                                                                                   | Zip<br><b>02852</b>    |
| 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                   |
|                                                                                                                                                                                                             |       |                                                                                                                                                                                   |                        |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                                                                                                      |                        |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                                                                                                    |                        |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                                                                               | City                   |
|                                                                                                                                                                                                             |       |                                                                                                                                                                                   |                        |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                                                                                   |                        |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                                                                                   |                        |
| <b>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.</b> |       |                                                                                                                                                                                   |                        |
| Name of Authorized Person<br><b>ANTHONY J. VICTORIA, MEMBER</b>                                                                                                                                             |       |                                                                                                                                                                                   | Date<br><b>9/21/21</b> |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                                                                                   | SIGN DOCUMENT HERE     |

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)