



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

FILED

SEP 30 2021

BY 038675  
*AS*

**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 <b>000484931</b>		2. Exact name of the Limited Liability Company <b>North Pines Residence, LLC</b>			
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island A Condominium Association			
5. State of Formation Rhode Island					
6. Principal Office Address 520 Old Country Road West P.O. Box 1818		City Hicksville	State NY	Zip 11801	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Angelo Silveri			Contact Title Member		
Street Address 520 Old Country West P.O. Box 1818		City Hicksville	State NY	Zip 11801	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Angelo Silveri		Manager Name			
Street Address 520 Country West P.O. Box		Street Address			
City Hicksville	State NY	Zip 11801	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 <i>Angelo Silveri</i>			Date 9/22/21		
Signature of Authorized Person <i>Angelo Silveri</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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