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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 156903   | 2. Exact name of the Limited Liability Company NORTH WAY PROPERTIES, LLC |                      |                      |          |                      |
|--|--|----------------------|----------------------|----------|----------------------|
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |                      |                      |          |                      |
| 531390   | TO BUY, SELL AND INVEST IN REAL ESTATE                                   |                      |                      |          |                      |
| 5. State of Formation RI   |  |                      |                      |          |                      |
| 6. Principal Office Address  |  |                      | City                 | State    | Zıp                  |
| 23 RIMWOOD DRIVE   |  |                      | SMITHFIELD           | RI       | 02917                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                      |                      |          |                      |
| Contact Name RALPH MANGIARELLI JR  |  |                      | Contact Title MEMBER |          |                      |
| Street Address 23 RIMWOOD DRIVE  |  |                      | City SMITHFIELD      | State RI | <sup>Zip</sup> 02917 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |                      |                      |          |                      |
| Manager Name RALPH MANGIARELLI JR  |  |                      | Manager Name         |          |                      |
| Street Address 23 RIMWOOD DRIVE  |  |                      | Street Address       |          |                      |
| City SMITHFIELD  | State Rt   | <sup>Zip</sup> 02917 | City                 | State    | Zıp                  |
| Manager Name   |  |                      | Manager Name         |          |                      |
| Street Address   |  |                      | Street Address       |          |                      |
| City   | State  | Zıp                  | City                 | State    | Zıp                  |
| Check the box to indicate an attachment  |  |                      |                      |          |                      |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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     | 6/ /                 |
| RALPH MANGIARELLI JR   |  |                      |                      |          | 9/4/4                |
| Signature of Authorized Person 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

OCT 05 2021

BY Ch (K#4/3