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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.

RECEIVED

R.L. DEPT. OF STATE:

BUS SVCS DIV

	<del>r</del>			1001 not	- A - IA - W:
1. Entity ID Number	2. Exact name of the Limited Liability Company  ZUZI UCI = 5 A: II: ZU				
270260	FLORAL DEVELOPMENT, LLC				
3. NAICS Code	4. 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>Zıp</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 RI	<sup>Zip</sup> 02917	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	1	<u> </u>	Check the box to i	ndicate 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	
RALPH MANGIARELLI JR					9/23/21
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.n.gov FILED

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BY Ch CK# 149

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