

**FILED** 

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.

OCT 0 7 2021	
- 52/1	$\wedge$
BYY	$\underline{\mathcal{Q}}$

4.5-0-00	T		<del></del>			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
99402	MATT ASSOCIATES, L.L.C					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	Real Estate Title 16 - Real Estate Holdings					
5. State of Formation	1	•	•			
Rhode Island			_			
6. Principal Office Address	·		City	State	Zip	
216 Weybosset Street		Providence	RI	02903		
7. Mailing Address of Limited Lia	bility Company	and Name or Title	e of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name Thomas S. Andolfo			Contact Tille Authorized Member			
Street Address 216 Weybosset Street		City Providence	State RI	<sup>Zip</sup> 02903		
8. List ALL managers (names ar	nd addresses) c	of the Limited Liab	ility Company, IF APPLICABLE	- DO NOT LIST M	EMBERS	
Manager Name	Manager Name					
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			(	Check the box to in-	dicate an attachment	
9. The Resident Agent informatio	n currently of re	cord with the RLD	Department of State is accurate	e. Changes require	filing Form 642.	
Under penalty of perjury, I deci statements, and that all statem	lare and affirm ents containe	that I have exan d herein are true	nined this report, including a and correct.	ny accompanying	schedules and	
Name of Authorized Person			Date			
Thomas S. Andolfo			10/6/2021			
Signature of Authorized Person	. Ond	No				

MAIL TO:

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

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