



State of Rhode Island

## Department of State - Business Services Division

**FILED**

OCT 08 2021

BY

247

*ea*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>1669607</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>Sprague Covington, LLC</b>                                                                                                                |                      |                |              |
| 3. NAICS Code<br>531300                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>To deal in all respects with real estate including, without limitation, purchase, sale, development and rental. |                      |                |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                                                                                                                |                      |                |              |
| 6. Principal Office Address<br>505 Red Chimney Drive                                                                                                                                                        |       | City<br>Warwick                                                                                                                                                                                |                      | State<br>RI    | Zip<br>02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                                                |                      |                |              |
| Contact Name John Giusti                                                                                                                                                                                    |       |                                                                                                                                                                                                | Contact Title Member |                |              |
| Street Address 505 Red Chimney Drive                                                                                                                                                                        |       | City Warwick                                                                                                                                                                                   |                      | State RI       | Zip 02886    |
| 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                 | 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<br>John Giusti                                                                                                                                                                    |       |                                                                                                                                                                                                |                      | Date<br>9/2/21 |              |
| Signature of Authorized Person<br><i>John Giusti</i>                                                                                                                                                        |       |                                                                                                                                                                                                |                      |                |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov