



State of Rhode Island

## Department of State - Business Services Division

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 12 2021

5815

|   |       |  |                            |                   |              |
|---|-------|--|----------------------------|-------------------|--------------|
| 1. Entity ID Number<br><b>000161061</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Trestle Park LLC</b>  |                            |                   |              |
| 3. NAICS Code<br>493190   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Storage facility and any other legally permitted activities |                            |                   |              |
| 5. State of Formation<br>RI   |       |  |                            |                   |              |
| 6. Principal Office Address<br>5 Spuchy Drive   |       | City<br>Westerly   |                            | State<br>RI       | Zip<br>02891 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                            |                   |              |
| Contact Name<br>Erin B. Celico  |       |  | Contact Title<br>Organizer |                   |              |
| Street Address<br>5 Spuchy Drive  |       | City<br>Westerly   |                            | State<br>RI       | Zip<br>02891 |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>  |       |  |                            |                   |              |
| 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>Robert A. Celico   |       |  |                            | Date<br>10/9/2021 |              |
| Signature of Authorized Person<br>  |       |  |                            |                   |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov