State of Rhode Island **Department of State - Business Services Division**

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 OCT 18 P 2: 24

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 000097142	2. Exact name of the Limited Liability Company Brentvin Associates, LLC				
3. NAICS Code 531110 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island Acquiring, owning, managing, conveying and distributing real property and all things incidental thereto.				
6. Principal Office Address 158 Racquet Road			City Jamestown	State RI	Zip 02835
7. Mailing Address of Limited Lia	bility Compan	y and Name or Titl			
Contact Name Donald V. Fargnoli, M.D.			Contact Title Manager		
Street Address 158 Racquet Road			City Jamestown	State RI	^{Zlp} 02835
B. List ALL managers (names a	nd addresses)	of the Limited Lial	bility Company, IF APPLICAE	LE - DO NOT LIST	MEMBERS
Manager Name Donald V. Fargnoli, M.D.			Manager Name Carol B. Fargnoli		
Street Address 158 Racquet Road			Street Address 158 Racquet Road		
City Jamestown	Stato RI	^{Zip} 02835	City Jamestown	State RI	^{ZIP} 02835
Manager Name			Manager Name		
Sireet Address			Street Address		
City	State	ZJp	City	State	Zip
				Check the box to	Indicate an attachment
9. The Resident Agent informati	on currently of	record with the RI	Department of State is accu	· · · ·	
Under penalty of perjury, I dec statements, and that all stater				g any accompanyin	g achedules and
Name of Authorized Person Donald V. Fargnoll, M.D.				Date 10/15/2/	
Signature of Authorized Person	Farg	noh	m.D.		/

MAIL TO:

Division of Business Services

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

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

OCT 1 8 2021

BY Ch Ch# 1882

2.'24 FORM 632 - Revised: 08/2020