## State of Rhode Island Department of State - Business Services Division Annual Report for the year: 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
000796485	107	5 Scitual	te Ave, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	Ł					
00111-	Real Estate					
5. State of Formation,	Near Loime					
Khode Island	le Island					
6. Principal Office Address			City	Stat <u>e</u>	Zip	
63 Dellwood Rd.			Cranston	KI	02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Michael Valelli			Contact Title OWNER			
Street Address 63 Dellwood Rd.			city Cranston	State	Z1p 02920	
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						
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 1 Date 1						
Michael J. Valelli 10/18/2021					2021	
Signature of Authorized Person, Mi Chael Jalelli						

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Physical Island

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