



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED****OCT 21 2021**

BY

 13432  
 [Signature]  
 SECRETARY OF STATE
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>106474</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>926 Park Avenue, LLC</b>                                                   |                         |                         |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>The ownership and leasing of real estate.</b> |                         |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                                 |                         |                         |                     |
| 6. Principal Office Address<br><b>926 Park Avenue</b>                                                                                                                                                       |       |                                                                                                                                 | City<br><b>Cranston</b> | State<br><b>RI</b>      | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                 |                         |                         |                     |
| Contact Name <b>David V. Igliozi, Esq.</b>                                                                                                                                                                  |       |                                                                                                                                 | Contact Title           |                         |                     |
| Street Address <b>926 Park Avenue</b>                                                                                                                                                                       |       |                                                                                                                                 | City <b>Cranston</b>    | State <b>RI</b>         | Zip <b>02910</b>    |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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><b>David V. Igliozi</b>                                                                                                                                                        |       |                                                                                                                                 |                         | Date<br><b>10/13/21</b> |                     |
| Signature of Authorized Person<br>[Signature]                                                                                                                                                               |       |                                                                                                                                 |                         | SIGN DOCUMENT HERE      |                     |

**MAIL TO:**

Division of Business Services

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