



State of Rhode Island

## Department of State - Business Services Division

STAMP

Annual Report for the year: 2021

2021 OCT

## 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>000101783</b>                                                                                                                                                                     |             | 2. Exact name of the Limited Liability Company<br><b>TONETTI ENTERPRISES, LLC</b>                                                                                                   |                             |
| 3. NAICS Code<br>531120                                                                                                                                                                                     |             | 4. Brief description of the character of business conducted in Rhode Island<br>PURPOSE OF ACQUIRING, DEVELOPING, OWNING, LEASING, MORGAGING, OPERATING & DISPOSING OF REAL PROPERTY |                             |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                       |             |                                                                                                                                                                                     |                             |
| 6. Principal Office Address<br>1764 MENDON RD SUITE 8                                                                                                                                                       |             | City<br>CUMBERLAND                                                                                                                                                                  | State<br>RI<br>Zip<br>02864 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |             |                                                                                                                                                                                     |                             |
| Contact Name<br>GINO G. TONETTI                                                                                                                                                                             |             | Contact Title<br>MEMBER                                                                                                                                                             |                             |
| Street Address<br>1764 MENDON RD SUITE 8                                                                                                                                                                    |             | City<br>CUMBERLAND                                                                                                                                                                  | State<br>RI<br>Zip<br>02864 |
| 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<br>RI | Zip                                                                                                                                                                                 | City                        |
| Manager Name                                                                                                                                                                                                |             | Manager Name                                                                                                                                                                        |                             |
| Street Address                                                                                                                                                                                              |             | Street Address                                                                                                                                                                      |                             |
| City                                                                                                                                                                                                        | State       | Zip                                                                                                                                                                                 | City                        |
| 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>GINO G TONETTI                                                                                                                                                                 |             | Date<br>10-26-2021                                                                                                                                                                  |                             |
| 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

FILED C

OCT 27 2021

BY CH CH#4250