



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 000522563

2. Exact Name of the Limited Liability Company HARWICH ENTERPRISES, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

454390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FINE ART SALES.

5. Principal Office Address

No. and Street: 29469 NORTHWESTERN HWY

City or Town: SOUTHFIELD

State: MI Zip: 48034 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: AMELIA SCAGLIONE Contact Title:

No. and Street: 28046 OAKLAND OAKS COURT

City or Town: WIXOM

State: MI Zip: 48393 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOHN KARAY	12301 NW 6TH STREET PLANTATION, FL 33325 USA
MANAGER	NICOLETTE YANKE	10864 NADINE

		HUNTINGTON WOODS, MI 48070 USA
MANAGER	AMELIA SCAGLIONE	28238 HARWICH FARMINGTON HILLS, MI 48334 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of November, 2021 at 3:17:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By AMELIA SCAGLIONE
Signature of Authorized Person

Form No. 632
Revised 09/07

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