



State of Rhode Island

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
STAMPAnnual Report for the year: **2021**

## Limited Liability Company

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→ 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>001675662</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>1062 Smithfield Ave, LLC</b>                  |                         |                   |              |
| 3. NAICS Code<br>531110                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>To Hold Real Estate |                         |                   |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |       |                                                                                                    |                         |                   |              |
| 6. Principal Office Address<br>16 Heritage Drive                                                                                                                                                     |       | City<br>Lincoln                                                                                    |                         | State<br>RI       | Zip<br>02865 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                    |                         |                   |              |
| Contact Name<br>Marie Issa                                                                                                                                                                           |       |                                                                                                    | Contact Title<br>Member |                   |              |
| Street Address<br>19 Heritage Drive                                                                                                                                                                  |       | City<br>Lincoln                                                                                    |                         | State<br>RI       | Zip<br>02865 |
| 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. 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<br>Marie Issa                                                                                                                                                              |       |                                                                                                    |                         | Date<br>9/30/2021 |              |
| 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

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FORM 632 - Revised: 08/2020