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State of Rhode Island Department of State - Business Services Division

RECEIVED DEPT. OF STATE RUS SVCS DIV

ANNUAL REPORT FOR THE YEAR - LIMITED LIABILITY COMPANY 2021

Filing Period: September 1 - November 1

Filing Fee: \$50 00

Name of Authorized Person

Phone: 401.222.3040 Website: www.sos.ri.gov

Division of Business Services

148 W. River Street, Providence, RI 02904-2615

MAIL TO:

NOV -1 A & 59

NOV 01 2021

I. Early ID No. 000522552	2. Exact name of the Limited Liability Company 990 Cranston Street, LLC					
3. NAICS Code 531311	4. Brief description of the character of husiness conducted in Rhode Island real estate management					
5. State of Formation Rhode Island						
6 Principal Office Address 38 Bellevue Avenue			Cuy North Providence		State Zip 02911	
7. Mailing Address of Limite	d Liability C	ompany and Name or	Title of Contact Person_			_ .
Nicholas Manocchia						
Street Address 38 Bellevue Avenue						
City North Providence	State RI	2ip 02911				 -
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		,				
8. List ALL managers (names	and addresse	\ s) of the Limited Liabi	ity Company. IF APPLICAL	BLE - DO NOT LIST M	EMBERS	· - · - · · · · · · · · ·
Monager Name Nicholas Manocchia			Manager Name			
Street Address 38 Bellevue Avenue			Street Address			
North Providence	State RI	21p 02911	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Cuy	State	Zip	Chy	State	Zip	<u>. </u>
9. REGISTERED AGENT IN	DUODE ISI		Check the hox to indicate a			attachment
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This information is currently of			Or State. Ununges require III	ng 01 F0fm 642		
Under penalty of perjury, I decle contained herein are true and cor	arc and affirm	that I have examined	this report, including any acc	ompanying schedules ar	nd statements, a	nd that all statements
/m	_	,		10/21/21		
Signature of Authorized Person		<u> </u>	10/21/21			
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