

## Department of State - Business Services Division

RECEIVED DEPT. OF STATE RUS SVCS DIV

NOV -1 A & 59

## 2021

Filing Period: September 1 - November 1

Website: www.sos.ri.gov

Filing Fee: \$50 00
Penalty: Additional \$25.00 fee if form is not filed by December 1

000522552	I GOA Cean	2. Exact name of the Limited Liability Company					
Z MAICE Cada	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			<del></del>				
6 Principal Office Address 38 Bellevue Avenue			North Providence		State RI	<sup>Z<sub>1</sub>p</sup> 02911	
7. Mailing Address of Lim	ited Liability Co	ompany and Name or	Title of Contact Person	1	_	<del>-</del>	
Nicholas Manocchia							
Street Address				· · · · · · · · · · · · · · · · · · ·		<del>-</del>	
38 Bellevue Avenue							
North Providence	State R1	02911		í			
					<del></del>	·	
<del> </del>							
		•	•			<del></del>	
8. List ALL managers (nam	es and addresse:	 s) of the Limited Liahi	lity Company. IF APPL	.ICABLE – DO NOT LIST	MEMBERS	· - · - · · · - · · · · · · · · · · · ·	
Manager Name Nicholas Manocchia			Manager Name	-			
Street Address 38 Bellevue Avenue			Street Address	<del></del>	<del> </del>		
Cny North Providence	State RI	2ip 02911	City	State	Zip		
Manager Name		·	Manager Name		<u></u>		
Street Address			Street Address				
City	State	Zip	Cuy	State	Zip	<u>.</u>	
·	1			Check the	hox to indicate a	n attachment	
9. REGISTERED AGENT	IN RHODE ISL	AND					
This information is currently	of record in the	Office of the Secretary	of State. Changes requi	ire filing of Form 642			
Under negative of periods. I de	olars and affirm	that I have availed					
Under penalty of perjury, I de contained herein are true and o	correct.	that I have examined	this report, including an	y accompanying schedules	and statements, i	and that all statements	
1 ~	_			, ,			
Signature of Authorized Person	<u> </u>	۷	<del></del>	10/21/2	-1		
Nicholas Manocchia	/ 1			Date	ILED		
Name of Authorized Pers				<del></del>			
				NOV	01 2021		
MAIL TO:					10,1		
Division of Business S				8Y	TXV	<del>\</del>	
148 W. River Street, Pro Phone: 401.222.3040	vidence, RI	02904-2615			$\mathcal{C}_{\mathcal{C}}}}}}}}}}$	X	