

FILED

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Annual Report for the year: 2021

**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.

4. F-Mai ID Northan	Ta. 5 .					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000788569	420 Me	420 Mendon Road,LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53110	To own and manage real estate and do all things incidental thereto.					
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
420 Mendon Road			Cumberland	RI	02864	
7. Mailing Address of Limited Lia		any and Name or	r Title of Contact Person			
Contact Name Charles A. Lombardi			Contact Title Authorized M	Contact Title Authorized Member		
Street Address 420 Mendon Road			City Cumberland	State RI	<sup>Zip</sup> 02864	
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICABI	LE - 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	
<del></del>	<u></u>			Check the box to i	ndicate an attachment	
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 Date						
Charles A. Lomardi						
Signature of Authorized Person		a			i	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov