RI SOS Filing Number: 202104639870 Date: 11/3/2021 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

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 i | s not filed by De  | ecember 1.  |                   |                                       |  |
|---|-----------------------|--|---|-------------------|---------------------------------------|--|
| 1. Entity ID Number                               |                       | 2. Exact name of the Limited Liability Company                           |   |                   |                                       |  |
| 797842  | AKG RE                | AKG REALTY, LLC  |   |                   |                                       |  |
| 3. NAICS Code                                     | 1                     | Brief description of the character of business conducted in Rhode Island |   |                   |                                       |  |
| 531390  | Acquisition           | Acquisition and Rental of Real Estate                                    |   |                   |                                       |  |
| 5. State of Formation                             |                       |  |   |                   |                                       |  |
| Rhode Island                                      |                       |  |   |                   |                                       |  |
| 6. Principal Office Address                       | S                     |  | City  | State             | Žip                                   |  |
| 80 Watch Hill                                     |                       |  | East Greenwich                                      | RI                | 02818                                 |  |
| 7. Mailing Address of Limi                        |                       | ny and Name or   |   | <u>+</u>          | · · · · · · · · · · · · · · · · · · · |  |
| Contact Name Anthony Gazzola, Jr.                 |                       |  | Contact Title Member                                |                   |                                       |  |
| Street Address 80 Watch Hill                      |                       |  | City East Greenwich                                 | State RI          | <sup>Zıp</sup> 02818                  |  |
| 8. List ALL managers (na                          | mes and addresses     | s) of the Limited  | Liability Company, IF APPLICABLE                    | E - DO NOT LIST   | MEMBERS                               |  |
| Manager Name                                      |                       |  | Manager Name  |                   |                                       |  |
| Street Address                                    |                       |  | Street Address                                      |                   |                                       |  |
| City  | State                 | Zip  | C ty  | State             | Zip                                   |  |
| Manager Name                                      |                       |  | Manager Name  |                   |                                       |  |
| Street Address                                    |                       |  | Street Address                                      |                   |                                       |  |
| City  | State                 | Zip  | C ty  | State             | Zip                                   |  |
|   |                       | <u> </u>   |   | Check the box to  | indicate an attachment                |  |
| 9. The Resident Agent info                        | ormation currently o  | of record with the   | : RI Department of State is accura                  | te. Changes requi | re filing Form 642.                   |  |
| Under penalty of perjury statements, and that all |                       |  | examined this report, including a true and correct. | any accompanyii   | ng schedules and                      |  |
| Name of Authorized Person                         |                       |  |   | Date              |                                       |  |
| Anthony Gazzola, Jr.                              |                       |  |   | 10 (21 (21        |                                       |  |
| Signature of Authorized P                         | _                     | <u> </u>   |   |                   | 3344                                  |  |

MAIL TO:

**Division of Business Services** 

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