



State of Rhode Island  
**Department of State - Business Services Division**

STAMP

**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.

1. Entity ID Number <b>1665017</b>		2. Exact name of the Limited Liability Company <b>L &amp; M WIRELESS, LLC</b>					
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island PHONES					
5. State of Formation RHODE ISLAND							
6. Principal Office Address 1093 BROAD STREET				City PROVIDENCE		State RI	Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name LUIS MCDOUGAL				Contact Title MANAGER			
Street Address 50 METCALF AVENUE				City NORTH PROVIDENCE		State RI	Zip 02911
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name LUIS MCDOUGAL				Manager Name MILAGROS WEBER			
Street Address 50 METCALF AVENUE				Street Address 50 METCALF AVENUE			
City NORTH PROVIDENCE		State RI	Zip 02911	City NORTH PROVIDENCE		State RI	Zip 02911
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.							
<i>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.</i>							
Name of Authorized Person LUIS MCDOUGAL						Date 07/02/2021	
Signature of Authorized Person 							

**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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