



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 is not filed by December 1.

NOV 08 2021

BY

|                                                                                                                                                                                                             |       |                                                                                                                                         |                         |                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>960385</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Avellino Holdings, LLC</b>                                                         |                         |                    |              |
| 3. NAICS Code<br>531110                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate acquisition, sales, leasing and development. |                         |                    |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                                                         |                         |                    |              |
| 6. Principal Office Address<br>PO Box 9083                                                                                                                                                                  |       |                                                                                                                                         | City<br>Providence      | State<br>RI        | Zip<br>02940 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                         |                         |                    |              |
| Contact Name<br>Brandon J. Ingegneri                                                                                                                                                                        |       |                                                                                                                                         | Contact Title<br>Member |                    |              |
| Street Address<br>PO Box 9083                                                                                                                                                                               |       |                                                                                                                                         | City<br>Providence      | State<br>RI        | Zip<br>02940 |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                              |       |                                                                                                                                         |                         |                    |              |
| 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          |
| 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<br>Brandon J. Ingegneri                                                                                                                                                           |       |                                                                                                                                         |                         | Date<br>10/25/2021 |              |
| Signature of Authorized Person                                                                                                                                                                              |       |                                                                                                                                         |                         |                    |              |

## MAIL TO:

Division of Business Services

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