

State of Rhode Island

Department of State - Business Services Division

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STAMP

Annual Report for the year: $\frac{2021}{}$ **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.

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2021 NOV -9	PM 1:27	FOR SECRE-ARY OF STAT USE OSLY

1. Entity ID Number 000131664	Exact name of the Limited Liability Company LISCHIO ENTERPRISES II, LLC						
3. NAICS Code 531311	Brief description of the character of business conducted in Rhode Island TO OWN, MANAGE AND DEVELOP REAL ESTATE						
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
1130 TEN ROD ROAD, SUITE E-207			NORTH KINGSTOWN	RI	02852		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name LYNN F. MORAN			Contact Title				
Street Address 1130 TEN ROD ROAD, SUITE E-207			City NORTH KINGSTOWN	State RI	Zip 02852		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name NONE			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zîp	City	State	Zıp		
Check the box to indicate 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							
LYNNA MORAN							
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 FILED

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