RI SOS Filing Number: 202104985490 Date: 11/9/2021 4:00:00 PM



3.

State of Rhode Island and Providence Plantations

## **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 0 9 2021
BY_	ales43

1. Entity ID Number <b>838737</b>	2. Exact name of the Limited Liability Company 1545 DIVISION, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531311	Real estate management.					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
112 White Birch Circle			Норе	RI	02831	
7. Mailing Address of Limited Li	ability Compan	y and Name or Tit				
Contact Name Stephen J. DiGlanfillppo, Esq.			Contact Title Attorney			
Street Address 50 Park Row West, Suite 111			City Providence	State RI	<sup>Zip</sup> 02903	
8. List ALL managers (names a		of the Limited Lla	bility Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name Vincent A. Rossi, III			Manager Name			
Street Address 112 White Birch Circle			Street Address			
City Hope	State RI	Zip 02831	City	State	Zip	
Manager Name		<u>-</u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u></u>	<u>,</u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	and. This informa	tion is currently of re	ecord with the Department of Sta	ate. Changes require fili	ing Form 642.	
Under penalty of perjury, I de statements, and that all state				ng any accompanyli	ng schedules and	
Name of Authorized Person				Date		
Vincent A. Rossi, III				11/4	1/2/	
Signature of Authorized Person		Q.	<del>- John et datea</del>			

MAIL TO:

Division of Business Services

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

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