RI SOS Filing Number: 202105026570 Date: 11/12/2021 4:00:00 PM

State of Rhode Island Department of		ness Service	es Division			
A		,				
Annual Report for the	year: <u>202</u>	2/				
Limited Liability Comp				2 77		
Filing period: September 1 - November 1				_ ≅ ;:-		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					70	
• • • • • • • • • • • • • • • • • • •				R.L. DEPT, OF BUS SVCS	<u>.</u>	
Entity ID Number	2. Exact name of the Limited Liability Company			90	<u>.</u> .	
1708250	DEGIOTIO CAPITAL, LLC			A DEST	ר ה כ	
3. NAICS Code	4. Brief description of the character of business conducted in			Rhode Island 4		
531311	ZGAL ESTIME MARAJEARYS			₹2 E		
5. State of Formation			_			
RT						
6. Principal Office Address		.	City	State	Zip	
3590 West Shore Ted		VANDICK	TE	02886		
7. Mailing Address of Limited L	iability Company	and Name or Tit	le of Contact Person	-		
Contact Name De Giulia C	CAPINA, CO	4	Contact Title			
Street Address 3590 West Share and			City WARWICK	State	Zip	
8. List ALL managers (names	and addresses)	of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name Least T.	Delivio	Jn.	Manager Name JANC M. D. Givliv			
Street Address 35 40 V/e st Shone Rd			Street Address 7 DC-174 Du.			
City GANDICI-	State	Zip	City MANAGARSCAT	State (122	Zip 02 88 2	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	indicate an attachment	
9. The Resident Agent informa	ition currently of	record with the Ri	Department of State is accurate			
	eclare and affire	n that I have exa	mined this report, including a			
Name of Authorized Person				Date	Date	
JANT- M. DEGIVIO				_	11/11/21	
Signature of Authorized Perso				<u> </u>		
•	e fulu					
	0					

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 C

NOV 1 2 2021

BY Ca ATKZE