



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.

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1. Entity ID Number 000142118		2. Exact name of the Limited Liability Company 494 DOUGLAS AVENUE, LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 226 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DARREN F. CORRENTE			Contact Title ATTORNEY		
Street Address 226 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
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	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 ☐					
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 Darren F. Corrente				Date 9/2/21	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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