RI SOS Filing Number: 202105247380 Date: 11/19/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED

Annual Report for the year: 2021 **Limited Liability Company** 

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICA

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number 1673590

5. State of Formation

6. Principal Office Address

Contact Name Amanda Cortellesso

Manager Name John V. McGreen

City Cranston

Manager Name

Street Address

Street Address 21 Garden City Drive

Street Address 150 Beachwood Drive

150 Beachwood Drive

3. NAICS Code

531210

RI

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| i - November 1  |                      |                     | ву       |                      |  |  |  |
|---|----------------------|---------------------|----------|----------------------|--|--|--|
| ee if form is not filed by December 1.  |                      |                     |          |                      |  |  |  |
| 2. Exact name of the Limited Liability Company  Exquisite Realty, LLC                           |                      |                     |          |                      |  |  |  |
| Brief description of the character of business conducted in Rhode Island     Real estate broker |                      |                     |          |                      |  |  |  |
|   |                      |                     |          |                      |  |  |  |
|   |                      | City                | State    | Zip                  |  |  |  |
|   |                      | East Greenwich      | RI       | 02818                |  |  |  |
| oility Company a  | nd Name or Title     | of Contact Person   |          |                      |  |  |  |
| )   |                      | Contact Title       |          |                      |  |  |  |
| rive  |                      | City East Greenwich | State RI | <sup>Zio</sup> 02818 |  |  |  |
| d addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS              |                      |                     |          |                      |  |  |  |
|   |                      | Manager Name        |          |                      |  |  |  |
| Ve  |                      | Street Address      |          |                      |  |  |  |
| State RI  | <sup>Zip</sup> 02818 | City                | State    | Zip                  |  |  |  |
|   |                      | Manager Name        |          |                      |  |  |  |

| •                    |  |                     |                             |   |
|----------------------|--|---------------------|-----------------------------|---|
| City                 | State  | Zip                 | City                        | State Zip                                     |
|                      | l  | <u> </u>            |                             | Check the box to indicate an attachmen        |
| 9. Resident Agent in | Rhode Island, This inform                            | nation is currently | of record with the Departme | ent of State. Changes require filing Form 642 |
|                      | erjury, I declare and aff<br>at all statements conta |                     |                             | ncluding any accompanying schedules and       |
| Name of Authorized   | Person   |                     | ·                           | Date  |
| Amanda Cortellesso   | •  |                     |                             | (1/15/21                                      |

Street Address

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person.

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

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