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## **BUS SVCS DIV**

State of Rhode Island **Department of State - Business Services Division** 

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

→ Filing period: September 1 - November 1

| 1, Entity ID Number                                  | 2. Exact nam         | 2. Exact name of the Limited Liability Company PENNY & VINCENT'S ENTERPRISES, LLC |   |                      |                       |  |
|--|----------------------|---|---|----------------------|-----------------------|--|
| 000126438  | PENNY &              |   |   |                      |                       |  |
| 3. NAICS Code  |                      |   | acter of business conducted in              | Rhode Island         |                       |  |
| 531120   | TO OWN R             | TO OWN REAL ESTATE  |   |                      |                       |  |
| 5. State of Formation                                |                      |   |   |                      |                       |  |
| RHODE ISLAND   |                      |   |   |                      |                       |  |
| 6. Principal Office Address                          |                      |   | City  | State                | Zip                   |  |
| ONE OFFICE PARKWAY                                   |                      |   | EAST PROVIDENCE                             | RI                   | 02914                 |  |
| 7. Mailing Address of Limit                          | ed Liability Company | and Name or Tit   | le of Contact Person                        |                      |                       |  |
| Contact Name VINCENT A. ARMENIO, M.D.                |                      |   | Contact Title MANAGER                       |                      |                       |  |
| Street Address 64 FRANCIS STREET                     |                      |   | City REHOBOTH                               | State MA             | <sup>Zip</sup> 02769  |  |
| 8. List ALL managers (nar                            | mes and addresses)   | of the Limited Lial   | bility Company, IF APPLICABL                | E - DO NOT LIST I    | MEMBERS               |  |
| Manager Name<br>VINCENT A. ARMENIO                   |                      |   | Manager Name JENNIFER JEREMIAH, M.D.        |                      |                       |  |
| Street Address 64 FRANCIS STREET                     |                      |   | Street Address 64 FRANCIS STREET            |                      |                       |  |
| City REHOBOTH  | State MA             | Zip 02769   | City REHOBOTH                               | State MA             | Zip 02769             |  |
| Manager Name N/A)                                    |                      |   | Manager Name N/A                            |                      |                       |  |
| Street Address                                       |                      |   | Street Address                              |                      |                       |  |
| City   | State                | Zip   | City  | State                | Zip                   |  |
|  |                      |   |   | Check the box to i   | ndicate an attachment |  |
| 9. The Resident Agent info                           | rmation currently of | record with the RI  | Department of State is accura               | ite. Changes require | e filing Form 642.    |  |
| Under penalty of perjury, statements: and that all s |                      |   | mined this report, including e and correct. | any accompanyin      | g schedules and       |  |
| Name of Authorized Person                            |                      |   |   | Date                 |                       |  |
| VINCENT A. ARMENIO, M.D.                             |                      |   |   | November 22, 2021    |                       |  |

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BY an Ca# 2364

MAIL TO:

**Division of Business Services** 

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

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