



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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. Entity ID Number<br><u>1675497</u>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><u>334 Metacom Ave. LLC</u>                            |                                        |
| 3. NAICS Code<br><u>531120</u>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate Rental</u> |                                        |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |       |                                                                                                          |                                        |
| 6. Principal Office Address<br><u>8 Long Lane</u>                                                                                                                                                    |       | City<br><u>Warren</u>                                                                                    | State<br><u>RI</u> Zip<br><u>02885</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                          |                                        |
| Contact Name<br><u>Matteo Castiglione</u>                                                                                                                                                            |       | Contact Title<br><u>member</u>                                                                           |                                        |
| Street Address<br><u>8 Long Lane</u>                                                                                                                                                                 |       | City<br><u>Warren</u>                                                                                    | State<br><u>RI</u> Zip<br><u>02885</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                          |                                        |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                             |                                        |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                           |                                        |
| City                                                                                                                                                                                                 | State | Zip                                                                                                      | City                                   |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                             |                                        |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                           |                                        |
| City                                                                                                                                                                                                 | State | Zip                                                                                                      | City                                   |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                          |                                        |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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<br><u>Matteo Castiglione</u>                                                                                                                                               |       | Date<br><u>12/1/2021</u>                                                                                 |                                        |
| Signature of Authorized Person<br><u>Matteo Castiglione</u>                                                                                                                                          |       |                                                                                                          |                                        |

MAIL TO:

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