

Annual Report for the year: 2023

**Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001 683 895	2. Exact name of the Limited Liability Company 20 Frontage Road, LLC				
3. NAICS Code  5. State of Formation  RT	4. Brief description of the charac	eter of business conducted in Rhoo	de Island	·	
6. Principal Office Address		City	State	Zip	
17 Fusavo Av	c	Westerly	RI	0.5801	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Salvatone S	Scavello	Contact Tille			
Street Address   FUSQUO	4ve	City estenly	State I	Zip 02891	
8. 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			Date		
Salvatore S	cavello		1-30-	23	
Signature of Authorized Person					
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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