




State of Rhode Island
Department of State - Business Services Division

MAR 16 2023
 B21 *or*

Annual Report for the year: 2023
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.

1. Entity ID Number 000530576		2. Exact name of the Limited Liability Company ALPRO MANAGEMENT, LLC			
3. NAICS Code 561110		4. Brief description of the character of business conducted in Rhode Island MANAGEMENT SERVICES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 99 QUAKER LANE		City NORTH SCITUATE	State RI	Zip 02857	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WOJCIECH WROBLEWSKI			Contact Title MANAGING MEMBER		
Street Address 99 QUAKER LANE		City NORTH SCITUATE	State RI	Zip 02857	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name WOJCIECH WROBLEWSKI			Manager Name JOHN A. PARMELEE		
Street Address 99 QUAKER LANE			Street Address 99 QUAKER LANE		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person JOHN A. PARMELEE				Date 1/11/2023	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov