

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

Annual Report for the year: 2024 **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.

FILED	STAMP
FEB 1 4 2024	FOR STATE USE ONLY
BY Da	

1 Entity ID Number	2. Exact name of the Limited Liability Company				
001766180	MANCINI 1050 LLC				
3 NAICS Code	Brief description of the character of business conducted in Rhode Island				
531190	REAL ESTATE				
5 State of Formation	7	•	• •		
RHODE ISLAND					
6. Principal Office Address	<u>.</u>	City	State	Zip	
1050 MAIN STREET SU	JITE 23	EAST GREENWICH	RI	02818	
7 Mailing Address of Limited Lia	ability Company and Name or	Title of Contact Person			
Contact Name THOMAS MANCINI		Contact Title MEMBER			
Street Address 1050 MAIN STREET SUITE 23		EAST GREENWIC	State RI	<sup>7<sub>ip</sub></sup> 02818	
8. The Resident Agent informati	on currently of record with the	RI Department of State is accurate.	Changes requir	e filing Form 642.	
9 Under penalty of perjury, I of statements, and that all states		e examined this report, including a rue and correct.	ny accompany	ving schedules and	
Name of Authorized Person		Date 1			
THOMAS MANCINI			12/7/	ry	
Signature or Authorized Person	Man				

MAIL TO:

**Division of Business Services** 

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

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