

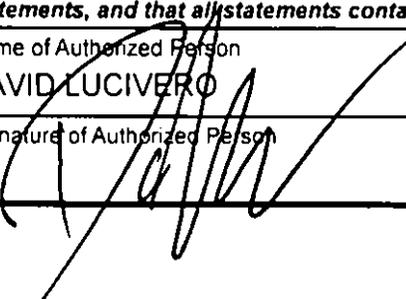


State of Rhode Island
Department of State - Business Services Division

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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.

| | | | | |
|--|--|--|----------------|--------------|
| 1. Entity ID Number 1713730 | | 2. Exact name of the Limited Liability Company 20 ALTIERI, LLC | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island TO BUY SELL & INVEST IN REAL ESTATE | | |
| 5. State of Formation RI | | | | |
| 6. Principal Office Address PO BOX 40266 | | City PROVIDENCE | State RI | Zip 02903 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name DAVID LUCIVERO | | Contact Title MEMBER | | |
| Street Address PO BOX 40266 | | City PROVIDENCE | State RI | Zip 02903 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| 9 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 DAVID LUCIVERO | | | Date 2/7/24 | |
| Signature of Authorized Person  | | | | |

FILED

MAR 12 2024

BY WYMSJB
KS

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