RI SOS Filing Number: 202450392410 Date: 4/8/2024 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



Entity ID Number	2. Exact name of the Limited Liability Company			
001750509	FAMILIA VENTURES, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531390	Real Estate			
5. State of Formation	1			
RI			_	
6. Principal Office Address		City	State	Zip
1793 Atwood Avenue		Johnston	RI	02919
7. Mailing Address of Limited Lia	ability Company and Name or Titl	e of Contact Person		
Contact Name Louis Calenda		Contact Title Member		
Street Andress 1793 Atwood Avenue		City Johnston	State	<sup>Zıp</sup> 02919
8. The Resident Agent informati	on currently of record with the RI	Department of State is accu	ırate. Changes requir	e filing Form 642.
9. Under penalty of perjury, I	declare and affirm that I have e ments contained herein are tru	xamined this report, includ		
Name of Authorized Person			Date 2	13-24
Louis Calenda	<u> </u>	9-	13 20 4	
Signature of Authorized Person	Laura Ca	lale.		
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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