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State of Rhode Island

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

APR 1 1 2024

Annual Report for the year:  $\frac{2024}{}$ **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 000509134	Exact name of the Limited Liability Company     Gianna Michael-John Realty. LLC				
3. NAICS Code 531390	4. Brief description of t Realty	Brief description of the character of business conducted in Rhode Island Realty			
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
145 Scituate Avenue		Норе	RI	02831	
7. Mailing Address of Limite	d Liability Company and Nar	ne or Title of Contact Person			
Contact Name John Notarianni		Contact Title Member			
Street Address 145 Scituate Avenue		City Hope	State RI	Zip 02831	
8. The Resident Agent info	mation currently of record wi	th the RI Department of State is a	ccurate. Changes requir	e filing Form 642.	
	I declare and affirm that I h tatements contained hereir	ave examined this report, inclu- n are true and correct.	ding any accompanyin	g schedules and	
Name of Authorized Person			Date		
John Notarianni					
Signature of Authorized Pa	Ron		<u>_</u>		

## MAIL TO:

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

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