

State of Rhode Island Department of State

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2624

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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4 5-12-15-1					
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001693442	West River Estates LCC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5 31390					
5. State of Formation	Real Estate evaluation / Development				
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6. Principal Office Address	·	City	State	Zip	
1 Calcagni Place		Greenville	RI	02828	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Louis Calcagni		Owner			
Street Address		City	State	Zip	
1 Calcagni Place		Greenville	RI	02828	
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			Date		
Loui	s Calcagas		5/28/24		
Signature of Authorized Person					
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MAIL TO:

Division of Business Services

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