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State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2025
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.

Entity ID Number	2. Exact name of the Limit	2. Exact name of the Limited Liability Company				
566158	920 HARTFORD	920 HARTFORD AVENUE, LLC				
3. NAICS Code	· ·	4. Brief description of the character of business conducted in Rhode Island				
531390	TO BUY SELL & IN	VEST IN REAL ESTATE				
5 State of Formation						
RI						
6. Principal Office Address		City	State	Zıp		
920 HARTFORD AVENUE		JOHNSTON	RI	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name FELICE N MAGLIARI		Contact Title MEMBER	== ··== · ··• •			
Street Address 920 HARTFORD AVENUE		City JOHNSTON	State RI	^{Zip} 02919		
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	66-		
FELICE N MAGLIARI			0	19/25		
Signature of Authorized Person Maker '						

FILED

FEB 1 0 2025

MAIL TO:

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

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