

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

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001669227	Scalisi Distribution, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
492210	We deliver bakery goods to grocery stores and restaurants			
5. State of Formation	1			
Rhode Island				
6. Principal Office Address	<u> </u>	City	State	Zip
23 Edge Street		West Warwick	RI	02893
7. Mailing Address of Limited Li	ability Company and Name or Ti	tle of Contact Person		· · · · · · · · · · · · · · · · · · ·
Contact Name Leo Scalisi		Contact Title Mr		
Street Address 23 Edge Street		City West Warwick	State RI	<sup>Z<sub>IP</sub></sup> 02893
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 periury, I		examined this report, including		
Name of Authorized Person			Date	
Leo Scalisi			5-21-2025	
Signature of Authorized Person	//2			

## RI DOS MADE NON-SUBSTANTIVE EDITS

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JUN 02 2025

MAIL TO:

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