



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

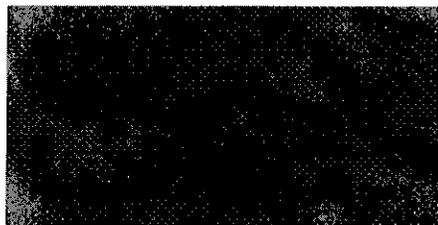
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>120551</b>		2. Exact name of the limited liability company <b>DeMarco Realty, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>to deal with real estate</b>			
5. Principal office address <b>69 Fletcher Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920-0000</b>	
Contact Name <b>The Gina M. DeMarco Revocable Trust Agreement</b>		Contact Title <b>Member</b>			
Street Address <b>69 Fletcher Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920-0000</b>	
Manager Name <b>N/A</b>		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

**This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.**



**FILED**

AUG 13 2013

1028

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.

Gina M. DeMarco 09/01/2013  
 Signature of Authorized Person Date

**The Gina M. DeMarco Revocable Trust Agreement**

By: Gina M. DeMarco, Trustee  
 Print or Type Name of Authorized Person

**Member**