



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. 158288		2. Exact name of the limited liability company Alga Realty LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island real estate ownership and management			
5. Principal office address 750 Ocean Royale Way - PH5		City Juno Beach	State FL	Zip 33408	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME & TITLE OF CONTACT PERSON					
Contact Name Joan M. Parkos Moran		Contact Title Manager			
Street Address 750 Ocean Royale Way - PH5		City Juno Beach	State FL	Zip 33408	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Joan M. Parkos Moran		Manager Name			
Street Address 750 Ocean Royale Way - PH5		Street Address			
City Juno Beach	State FL	Zip 33408	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 30 2013

By *mmc*

CR # 001434

File Date _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

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.

Joan M. Parkos Moran *8/20/13*
 Signature of Authorized Person Date

Joan M. Parkos Moran
 Print or Type Name of Authorized Person