



**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>128649</b>		2. Exact name of the limited liability company <b>639 Realty Associates, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>ACQUIRE, OWN, OPERATE, DEVELOP, LEASE AND DEAL IN REAL PROPERTY AND ANY OTHER ACTS OR THINGS RELATIVE THERETO</b>			
5. Principal office address <b>639 METACOM AVENUE</b>			City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>
6. MAILING ADDRESS (LIMITED LIABILITY COMPANY) AND NAME OF THE CONTACT PERSON					
Contact Name <b>FRANK J. AMALFITANO, JR., M.D.</b>			Contact Title <b>MEMBER</b>		
Street Address <b>639 METACOM AVENUE</b>			City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			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
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.					

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

**FILED**  
 SEP 11 2013  
 1958

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.

Signature of Authorized Person *Frank J. Amalfitano, Jr.* Date *8/31/13*  
**FRANK J. AMALFITANO, JR., M.D.**  
 Print or Type Name of Authorized Person