



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. 128649		2. Exact name of the limited liability company 639 Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ACQUIRE, OWN, OPERATE, DEVELOP, LEASE AND DEAL IN REAL PROPERTY AND ANY OTHER ACTS OR THINGS RELATIVE THERETO			
5. Principal office address 639 METACOM AVENUE			City WARREN	State RI	Zip 02885
6. MAILING ADDRESS (LIMITED LIABILITY COMPANY) AND NAME OF TITLE OF CONTACT PERSON					
Contact Name FRANK J. AMALFITANO, JR., M.D.			Contact Title MEMBER		
Street Address 639 METACOM AVENUE			City WARREN	State RI	Zip 02885
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