



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 2014

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. 798030		2. Exact name of the limited liability company REALSTART, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENT, BUY, SELL, MANAGE REAL ESTATE, OR ANY OTHER LAWFUL PURPOSE			
5. Principal office address 77 GLEN AVENUE		City CRANSTON		State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name VIKTORS DOLGILEVICS		Contact Title MEMBER			
Street Address 77 GLEN AVENUE		City CRANSTON		State RI	Zip 02905
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
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.					

FILED

MAR 26 2014

By 49-220912
A.A. 2:22 p.m.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 MAR 26 PM 2:22

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.

03/26/2014

Signature of Authorized Person

Date

VICTORS DOLGILEVICS

Print or Type Name of Authorized Person