

## 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

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## 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.

870791	1672 RE	2 Exact name of the limited liability company 16/2 Realty Associates, LLC				
3. State of Formation RHODE ISLAND	4. Brief des TO ENG	cription of the characte AGE IN ANY LAV	er of business conducted in Rhode VFUL BUSINESS.	Island		
5. Principal office address 383 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip <b>02860</b>	
. MAILING ADDRESS (	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT P	RSON.		
Contact Name GUIDO J. PETROSINELLI			Contact Title MANAGER			
Street Address 383 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip <b>02860</b>	
LIST <u>ALL</u> MANAGER: ("X" BOX FOR ATTAC	(NAMES AND ADI	DRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER	
Manager Name GUIDO J. PETROSINELLI			Manager Name			
Street Address 383 SMITHFIELD AVENUE			Street Address			
	VENUE		Street Address			
383 SMITHFIELD A	VENUE State RI	Zip <b>02860</b>	Street Address City	State	Zip	
883 SMITHFIELD A PAWTUCKET	State	Zip <b>02860</b>		State	Zip	
	State	Zip <b>02860</b>	City	State	Zip	
383 SMITHFIELD A PAWTUCKET Ianager Name treet Address	State	Zip <b>02860</b> Zip	City  Manager Name	State	Zip	
383 SMITHFIELD A Sity PAWTUCKET Ianager Name	State Ri State		City  Manager Name  Street Address			

**FILED** 

SEP 0 8 2014

BY

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.

By:

Signature of Authorized Person

Date

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012