RI SOS Filing Number: 201445695350 Date: 09/09/2014 4:00 PM

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.	2. Exact name of the limited liability company		
127701	**ORBAN & CONSTANTINO REALTY, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	**RENTAL PROPERTY MANAGEMENT AND OWNERSHIP**		
5. Principal office address	City	State	Zip
337 NORTH LANE	**BRISTOL**	**RI**	**02809**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
CASSANDRA X. CONSTANTINO	**MANAGER**		
Street Address	City	State	Zip
337 NORTH LANE	**BRISTOL**	**RI**	**02809**

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		
CASSANDRA X. CONSTANTINO			**ZSOLT ORBAN**		
Street Address			Street Address		
337 NORTH LANE			**337 NORTH LANE**		
City	State	Zip	City	State	Zip
BRISTOL	**RI**	**02809**	**BRISTOL**	**RI**	**02809**
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

SEP 09 2014

BY 0952

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.

Zsolt Orban 9.5.2014
Signature of Authorized Person Date

CASSANDRA X. CONSTANTINO, MANAGER
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
110832-13-963781