



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>484671</b>		2. Exact name of the limited liability company <b>Franco Realty, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>To own, manage, and operate real estate.</b>			
5. Principal office address <b>17 Talia Court</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</b>					
Contact Name <b>Francis X. Figueroa</b>			Contact Title <b>Manager</b>		
Street Address <b>17 Talia Court</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT: <input type="checkbox"/></b>					
Manager Name <b>Francis X. Figueroa, M.D.</b>			Manager Name		
Street Address <b>17 Talia Court</b>		Street Address			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.					

**FILED**

SEP 12 2014

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date _____
Check No. _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

*Francis X. Figueroa*      *9-11-14*  
Signature of Authorized Person      Date

**Francis X. Figueroa, Manager**

Print or Type Name of Authorized Person