

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

| 1. Entity ID No. <b>793088</b>                              | 2. Exact name of the limited liability company Rianna Realty, LLC  4. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND LEASING OF REAL PROPERTY |                |                                     |  |   |  |
|---|---|----------------|-------------------------------------|--|---|--|
| 3. State of Formation  Rhode Island                         |   |                |                                     |  |   |  |
| 5. Principal office address<br>50 Cedar Swamp Road, Unit #1 |   |                | City<br>Smithfield                  | State<br><b>RI</b>   | Zip<br><b>02917</b>   |  |
| 5. MAILING ADDRESS OF LIM                                   | TED LIABIL!   | TY COMPANY AND | NAME OF TITLE OF CONTACT            | PERSON:  |   |  |
| Contact Name<br>Robert Rianna                               |   |                | Contact Title  Member               |  |   |  |
| Street Address 50 Cedar Swamp Road, Unit #1                 |   |                | City<br>Smithfield                  | State RI   | Zip<br><b>02917</b>   |  |
| 7. LIST <u>ALL</u> MANAGERS (NAM<br>("X" BOX FOR ATTACHMEN  |   | RESSES) OF THE | LIMITED LIABILITY COMPANY, I        | FAPPLICABLE - <u>Do</u>  | NOT LIST MEMBERS  |  |
| Manager Name  |   |                | Manager Name                        |  |   |  |
| Street Address  |   |                | Street Address                      |  |   |  |
| City  | State   | Zip            | City                                | State  | Zip   |  |
| Manager Name  |   |                | Manager Name                        |  |   |  |
| Street Address  |   |                | Street Address                      | Street Address STEEL STE |   |  |
| Dity  | State   | Zip            | City                                | State  | Zip # O   |  |
| . RESIDENT AGENT IN RHOD                                    | E ISLAND  |                |                                     |  | <b>J. 8</b> 27  |  |
| nis information is currently o                              | record in th  |                | LED 15 2014                         | filing Form 642.   | OF STATE<br>ONS DIV   |  |
| File Date  Check No  By:                                    |   |                | this report, including              | any accompanying :<br>hts contained herein a<br>ا  | irm that I have examined schedules and statements are true and correct.  OSTITE  Date |  |
| FOR SECRETARY OF STATE                                      | USE ONLY  |                | Robert Rianna Print or Type Name of |  |   |  |

Form No. 632 Revised: 01/2012