



**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. <b>158288</b>		2. Exact name of the limited liability company <b>Alga Realty LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>real estate ownership and management</b>			
5. Principal office address <b>750 Ocean Royale Way - <del>PHS</del> PH5</b>			City <b>Juno Beach</b>	State <b>FL</b>	Zip <b>33408</b>
Contact Name <b>Joan M. Parkos Moran</b>		Contact Title <b>Manager</b>			
Street Address <b>750 Ocean Royale Way - <del>PHS</del> PH5</b>			City <b>Juno Beach</b>	State <b>FL</b>	Zip <b>33408</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS OR AGENTS FOR SERVICE. <input type="checkbox"/>					
Manager Name <b>Joan M. Parkos Moran</b>			Manager Name		
Street Address <b>750 Ocean Royale Way - <del>PHS</del> PH5</b>			Street Address		
City <b>Juno Beach</b>	State <b>FL</b>	Zip <b>33408</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. AGENTS FOR SERVICE IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

SEP 17 2014

EX 1470

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.

*Joan M. Parkos Moran* 8.29.14  
 Signature of Authorized Person Date

**Joan M. Parkos Moran**  
 Print or Type Name of Authorized Person