

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.

404504	T .	2. Exact name of the limited liability company Sigma Realty, LLC				
131581		•				
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island ACQUISITION AND LEASE OF REAL PROPERTY				
Rhode Island	ACQUIS					
5. Principal office address 118 Dudley Street, Bottom Floor			City Providence	State RI	Zip 02905	
	FLIMITED LIABILI	TY COMPANY AND	NAME OF THE EXCECONTACT P	ERSON:		
Contact Name Prakash Sampath Street Address 118 Dudley Street, Bottom Floor			Contact Title Member			
			City Providence	State RI	Zip 02905	
7. LIST <u>ALL</u> MANAGERS		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
("X" BOX FOR ATTAC	HMENT)	aston mai AliviA				
			Manager Name			
Manager Name			Manager Name Street Address			
Manager Name Street Address	HMENT)	Zip		State	Zip	
Manager Name Street Address City		Zip	Street Address	State	Zip	
Manager Name Street Address City Manager Name		Zip	Street Address City	State	Zip	
("X" BOX FOR ATTACI Manager Name Street Address City Manager Name Street Address City		Zip Zip	Street Address City Manager Name	State	Zip Zip	
Manager Name Street Address City Manager Name Street Address	State		Street Address City Manager Name Street Address			

File Date	Under penalty of perjury, Ideclare and affirm that this report, including they accompanying schedule and that all statements confained herein are true:	es and statement
Check No		10/14/19
By:	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Prakash Sampath	
	Print or Type Name of Authorized Person	***************************************

Form No. 632 Revised: 01/2012