

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 _

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. 488283		ne of the limited liab a Realty, LLC.	ility company		
3. State of Formation	Brief description of the character of business conducted in Rhode Island Real estate				
5. Principal office address 1612 Smith Street			City North Providence	State RI	Zip 02911
Contact Name Anthony Gianfrancesco			Contact Title member		
Street Address 1612 Smith Street			City North Providence	State RI	Zip 02911
7. LIST ALL MANAGERS	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLEARE DO	Horasiyahiy
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESUDENT AGENT IN R	HODE ISLAND				
This information is curren	tly of record in the	e Office of the Sec	retary of State. Changes require filing	g Form 642.	

FILED

OCT 2 3 2014

FILE CONTROL C

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.

Signature of Authorized Person

09/08/2014

Anthony

Gianfrancesco

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012