

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. 130958	2. Exact name of the limited liability company Costanza Realty, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island Investments in real property.				
Rhode Island		• •	•		
5. Principal office address 667 Kingstown Road			City Wakefield	State RI	Zip 02879
6. MAILING ADDRESS OF	FLIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT I	PERSON:	
Contact Name Jane E. Costanza			Contact Title Manager		
Street Address 667 Kingstown Road			City Wakefield	State RI	Zip 02879
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD IMENT) [RESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS
Manager Name Jane E. Costanza			Manager Name		
Street Address 667 Kingstown Roa	ıd		Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN I					
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.	

NOV 03 2014

File Date	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.
Check No	Jan (lostar Myma yor 10/23/
Ву:	Signature of Authorized Person Date/
FOR SECRETARY OF STATE USE ONLY	Rript or Type Name of Authorized Person

Form No. 632 Revised: 01/2012