

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.	2. Exact nam	2. Exact name of the limited liability company				
153686	FRAN	FRANGIA REALTY, LLC				
3. State of Formation	4. Brief descr	Brief description of the character of business conducted in Rhode Island				
Rhode Island	I	ownership and development of real estate				
5. Principal office address			City	State	Zip	
1755 Smith Street			North Providence	RI	02911-0000	
	LIMITED LIABILITY	Y COMPANY AND NAM	IE OR TITLE OF CONTACT PERSO	N:		
Contact Name Demetrius D. Sampalis			Contact Title Manager			
Street Address 1755 Smith Street			City North Providence	State RI	Zip 02911-0000	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADDI	RESSES) OF THE LIMI	TED LIABILITY COMPANY, IF APPI	LICABLE - DO N	IOT LIST MEMBERS	
Manager Name Demetrius D. Sampalis			Manager Name			
Street Address 11 Betsy Williams	S Circle		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	RHODE ISLAND					
This information is curren	ntly of record in the	Office of the Secretar	y of State. Changes require filing I	Form 642		
	•		, and a second s			

File Date _	
Check No	
Ву:	
FOR SECR	ETARY OF STATE USE ONLY

FILED AUG 2 8 2015

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

09/01/2015

Date

2015

Demetrius D. Sampalis

Print or Type Name of Authorized Person

Manager

Form No. 632 Revised: 01/2012

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