

## 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 2015

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 nar	ne of the limited liab	ility company			
•			• • •			
615877	DJAR	REALTY, L	.L.C.			
State of Formation     4. Brief description of the character			ter of business conducted in Rhode Isla	and		
Rhode Island	hold	s real est	ate.			
5. Principal office address			City	State	Zip	
5 Austin Avenue			Greenville	RI	02828	
6. MAILING ADDRESS OF	LIMPTED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PERS	iON:		
Contact Name			100	Contact Title		
Daniel J. Rubiano, Sr.			Member	Member		
Street Address			City	State	Zip	
5 Austin Avenue			Greenville	RI	02828	
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACHI	NAMES AND ADD MENT) []	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - <u>DO N</u>	OT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI		L				
		_	retary of State. Changes require filing	M 040		

## FILED

SEP 1 4 2015

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8Y	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	Signature of Authorized Person Date		
Ву:	Daniel J. Rubia no. Sr. Member		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012