



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.<br><b>791763</b>  |       | 2. Exact name of the limited liability company<br><b>126 Broad Street Realty LLC</b>                     |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate lessor</b> |                    |                     |     |
| 5. Principal office address<br><b>83 Vineyard Ave</b>  |       | City<br><b>Cumberland</b>  | State<br><b>Ri</b> | Zip<br><b>02864</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                    |                     |     |
| Contact Name<br><b>Jorge F Amaral</b>  |       | Contact Title<br><b>Member</b>   |                    |                     |     |
| Street Address<br><b>83 Vineyard Ave</b>   |       | City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                    |                     |     |
| 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. RESIDENT AGENT IN RHODE ISLAND  |       |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |       |  |                    |                     |     |

**FILED**

SEP 21 2015

BY 329

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Jorge F Amaral*

09/08/2015

Signature of Authorized Person

Date

**Jorge F Amaral**

Print or Type Name of Authorized Person