

## 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 na	2. Exact name of the limited liability company				
321909	West Russe Realty, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Purchase, hold, develop, rent and sell real estate.					
5. Principal office address  1 Spectacle Street			City Cranston	State RI	Zip <b>02910</b>	
terming the residence of the control		and the second s	THE SECOND	PERSON:		
Contact Name David D. Weisberg			Contact Title Vice President			
Street Address 1 Spectacle Street			City Cranston	State RI	Zip <b>02910</b>	
7. LISTALL MANAGERS ( "X" BOX FOR ATTACHS	NAMES AND ADI	DRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name David D. Weisberg			Manager Name			
Street Address 47 Molter Street			Street Address			
City Cranston	State RI	Zip <b>02910</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
R. RESIDENT AGENT NERH	IODE ISLAND					
This information is current	v of record in th	e Office of the Secret	ary of State. Changes require	filing Form 642		
					<del></del>	

## **FILED**

SEP 2 2 2015

BY	<b>\delta</b>			
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 hereig are true and correct.			
Check No	Del Della 4 9/14/15			
Ву:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	David D. Weisberg			
CONSCIONED OF GIALE COL ONL!	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012