

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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.

|  | 2. Exact nar             | ne of the limited liabi | lity company   |  |   |
|--|--------------------------|-------------------------|--|--|---|
| 139969   | Minnesota Realty, L.L.C. |                         |  |  |   |
| 3. State of Formation                                    |                          | •                       | ter of business conducted in Rho   | de Island                                  | <del></del>   |
| RI   | Real Est                 | ate                     |  |  |   |
| 5. Principal office address 50 Minnesota Avenue          |                          |                         | City<br><b>Warwick</b>   | State RI                                   | Zip<br><b>02888</b>   |
|  | IMITED LIABILIT          | Y COMPANY AND           | NAME OR TITLE OF CONTACT   | PERSON:                                    | 51.57.57  |
| Contact Name Carolyn A Picozzi                           |                          |                         | Contact Title Member   |  |   |
| Street Address 50 Minnesota Avenue                       |                          |                         | City<br><b>Warwick</b>   | State RI                                   | Zip<br><b>02888</b>   |
| 7. LIST <u>ALL</u> MANAGERS (N.<br>("X" BOX FOR ATTACHME |                          | RESSES) OF THE L        | IMITED LIABILITY COMPANY,  | IF APPLICABLE - DO                         | NOT LIST MEMBERS  |
| Manager Name   |                          |                         | Manager Name   |  |   |
| Street Address   |                          |                         | Street Address   |  |   |
| City   | State                    | Zip                     | City   | State                                      | Zip   |
| Manager Name   | <u> </u>                 | <u> </u>                | Manager Name   | I  |   |
| Street Address   |                          |                         | Street Address   |  |   |
| City   | State                    | Zip                     | City   | State                                      | Zip   |
| B. RESIDENT AGENT IN RHO                                 |                          |                         |  |  |   |
| This information is currently                            | of record in the         | e Office of the Secre   | etary of State. Changes require  | filing Form 642.                           |   |
|  |                          |                         |  |  |   |
|  |                          | <b>By</b> .(            | FILED SEP 25 2015 257160   |  |   |
| File Date  |                          | <b>By.</b> (            | SEP 25 2015  SEP 26 2015  SEP 27 2015  Under penalty of perthis report, including  |  |   |
| File Date  |                          | <b>By</b> .(            | SEP 25 2015  Under penalty of perthis report, including and that all statement and the statement of the stat | g any accompanying ants contained herein a | schedules and statements<br>are true and correct.<br>09/15/2015 |
|  |                          | <b>By</b> .(            | SEP 25 2015  SEP 26 2015  SEP 27 2015  Under penalty of perthis report, including  | g any accompanying ants contained herein a | schedules and statements<br>are true and correct.               |

Form No. 632 Revised: 01/2012