



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) 222-3049 ~ 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>128649</b>                                                                                                                                     |       | 2. Exact name of the limited liability company<br><b>639 Realty Associates, 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>ACQUIRE, OWN, OPERATE, DEVELOP, LEASE AND DEAL IN REAL PROPERTY AND ANY OTHER ACTS OR THINGS RELATIVE THERETO</b> |                    |
| 5. Principal office address<br><b>639 METACOM AVENUE</b>                                                                                                              |       | City<br><b>WARREN</b>                                                                                                                                                                               | State<br><b>RI</b> |
|                                                                                                                                                                       |       | Zip<br><b>02885</b>                                                                                                                                                                                 |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                  |       |                                                                                                                                                                                                     |                    |
| Contact Name<br><b>FRANK J. AMALFITANO, JR., M.D.</b>                                                                                                                 |       | Contact Title<br><b>MEMBER</b>                                                                                                                                                                      |                    |
| Street Address<br><b>639 METACOM AVENUE</b>                                                                                                                           |       | City<br><b>WARREN</b>                                                                                                                                                                               | State<br><b>RI</b> |
|                                                                                                                                                                       |       | Zip<br><b>02885</b>                                                                                                                                                                                 |                    |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                                                                     |                    |
| Manager Name                                                                                                                                                          |       | Manager Name                                                                                                                                                                                        |                    |
| Street Address                                                                                                                                                        |       | Street Address                                                                                                                                                                                      |                    |
| City                                                                                                                                                                  | State | City                                                                                                                                                                                                | State              |
| Zip                                                                                                                                                                   |       | Zip                                                                                                                                                                                                 |                    |
| Manager Name                                                                                                                                                          |       | Manager Name                                                                                                                                                                                        |                    |
| Street Address                                                                                                                                                        |       | Street Address                                                                                                                                                                                      |                    |
| City                                                                                                                                                                  | State | City                                                                                                                                                                                                | State              |
| Zip                                                                                                                                                                   |       | 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 30 2015

BY

*2206*

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.

*Frank J. Amalfitano, Jr.* 9/23/15  
Signature of Authorized Person Date

**FRANK J. AMALFITANO, JR., M.D.**

Print or Type Name of Authorized Person