



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. 89064		2. Exact name of the limited liability company Tower Realty, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To acquire, own, lease and develop real estate			
5. Principal office address 400 Reservoir Avenue, Suite LL-K		City Providence	State RI	Zip 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Edward Sammartino		Contact Title Member			
Street Address 400 Reservoir Avenue, Suite LL-K		City Providence	State RI	Zip 02907	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Edward Sammartino		Manager Name NONE			
Street Address 400 Reservoir Avenue, Suite LL-K		Street Address			
City Providence	State RI	Zip 02907	City	State	Zip
Manager Name NONE		Manager Name NONE			
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
OCT 08 2015
BY 2254

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.

Signature of Authorized Person

10/5/15

Date

Edward Sammartino

Print or Type Name of Authorized Person