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 name of the limited liability company
72761	**Swan Realty LLC**

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RI	**Own and Manage Real Estate**

5. Principal office address	City	State	Zip
612 Elmgrove Ave	**Providence**	**RI**	**02906**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Michael B. Shore	**Member**		
Street Address	City	State	Zip
612 Elmgrove Ave	**Providence**	**RI**	**02906**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

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

OCT 0 8 2015

BY _CM258118_

FOR SECRETARY OF STATE USE ONLY
File Date ___
Check No __2902__
By: ___

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.

_____ 09/23/2015
Signature of Authorized Person   Date

Michael B. Shore
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012