

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 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.		ne of the limited liab	ility company			
82443	Cypress Realty, L.L.C.					
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Estate					
5. Principal office address 7 Cypress Street			City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Diane L. Nobile			Contact Title Member			
Street Address 7 Cypress Street			City Warwick	State RI	Zip 02888	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			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 R	HODE ISLAND					
This information is curren	tly of record in th	e Office of the Seci	retary of State. Changes require	filing Form 642.		

FILED OCT 0 9 2015

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 herein are true and correct.
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Diane L. Nobile
FUN DECREIANT OF STATE USE UNLT	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012