

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.		2. Exact name of the limited liability company				
115470	Bianco Realty Associates, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real Est	Real Estate.				
5. Principal office address 699 Willett Avenue			City Riverside	State RI	Zip 02915	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Richard M. Bianco			Contact Title Manager			
Street \ddress 699 .Villett Avenue			City Riverside	State RI	Zip 02915	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT) []	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Richard M. Bianco			Manager Name			
Street Address 699 Willett Avenue			Street Address			
City Riverside	State RI	Zip 02915	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	<u> </u>		I		
		e Office of the Secret	ary of State. Changes require	filing Form 642.		
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NCT 19 285 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, File Date Check No _ ignature of Kuthofized Person Date Richard M. Bianco FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012