

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.

| 789259 | 2 Exact na Dynasty | 2. Exact name of the limited liability company Dynasty Realty, LLC | | | | |
|---|--------------------------|--|----------------------------------|----------------|--|--|
| 3. State of Formation | 4. Brief des Real est | Brief description of the character of business conducted in Rhode Island Real estate holding | | | | |
| 5. Principal office address 475 Taunton Ave | | | City East Providence | State RI | Zip 02914 | |
| i. MAILING ADDRESS O | F LIMITED LIABILI | TY COMPANY AND | NAME OR TITLE OF CONTACT PER | SON: | and the first of the state of t | |
| Contact Name Joseph L. Fortin | | | Contact Title Member | | | |
| Street Address 475 Taunton Ave | | | City East Providence | State RI | Zip 02914 | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC | (NAMES AND ADI | PRESSES) OF THE | LIMITED LIABILITY COMPANY, IF AI | PPLICABLE - DO | NOT LIST MEMBER | |
| fanager Name None | | | Manager Name None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| lanager Name None | | | Manager Name None | | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| | | | | | | |
| . RESIDENT AGENT IN F | RHODE ISLAND | * | | | | |

FILED OCT 2 0 2015

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|---------------------------------|--|--|
| File Date | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements | |
| Check No | and that all statements contained herein are true and correct. | |
| Ву: | Signature of Authorized Person Date | |
| FOR SECRETARY OF STATE USE ONLY | Joseph L. Fortin, Member | |
| | Print or Type Name of Authorized Person | |

Form No. 632 Revised: 01/2012