

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									
103594	Meritage	Meritage Realty, LLC									
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island									
Rhode Island		Real Estate Holding									
5. Principal office address 5454 Post Road		· · · · · · · · · · · · · · · · · · ·	City East Greenwich	Zip 02818							
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT PER	ISON:							
Contact Name Alfred K. Castiglior		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contact Title								
Street Address 5454 Post Road			City East Greenwich	Zip 02818							
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADE	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBERS						
Manager Name Alfred K. Castiglion	i		Manager Name								
Street Address 5454 Post Road			Street Address								
City East Greenwich	State RI	Zip 02818	City	State	Zip						
Manager Name			Manager Name								
Street Address			Street Address								
Sity State Zip			City	State	Zip						
8. RESIDENT AGENT IN F	RHODE ISLAND										
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Form No. 632 Revised: 01/2012 Under penalty of periory 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

Alfred K. Castiglioni

Print or Type Name of Authorized Person