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		
884910	**Anna M. Realty, LLC.**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	**To hold and acquire real estate.**		
5. Principal office address	City	State	Zip
4 Water Valley Road	**Hope**	**RI**	**02831**
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY (IF DIFFERENT FROM PRINCIPAL OFFICE ADDRESS)			
Contact Name	Contact Title		
Steven A. Moretti, Esq.	**Registered Agent**		
Street Address	City	State	Zip
1140 Reservoir Avenue	**Cranston**	**RI**	**02920**

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
Anna M. Martins	
Street Address	Street Address
4 Water Valley Road	
City / State / Zip	City / State / Zip
Hope / RI / 02831	
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 26 2015
BY 386

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

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.

Anna Martins 9-24-15
Signature of Authorized Person Date

Anna M. Martins
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012