RI SOS Filing Number: 201587110470 Date: 10/30/2015 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
94711	RICH REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ENGAGE IN THE BUSINESS OF HOLDING REAL ESTATE

5. Principal office address	City	State	Zip
1284 PLAINFIELD STREET	JOHNSTON	RI	02919

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ALFRED A. RICCIO	MANAGER

Street Address	City	State	Zip
1284 PLAINFIELD STREET	JOHNSTON	RI	02919

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
ALFRED A. RICCIO	1284 PLAINFIELD STREET	JOHNSTON	RI	02919
RONALD A. RICCIO	1284 PLAINFIELD STREET	JOHNSTON	RI	02919

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
JOSEPH A. ANESTA, ESQ.			
	301 PROMENADE STREET	PROVIDENCE	02908

FILED

OCT 30 2015

BY _____

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

2015 OCT 30 PM 12:49
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

[redacted] 94711

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.

Signature of Authorized Person *Date* 10/28/15

[redacted] ALFRED A. RICCIO, MANAGER

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

127233-3-1082013
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07