



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 97860		2. Exact name of the limited liability company Aloha Realty, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, rent, lease, sell, develop and manage real estate.	
5. Principal office address 166 Toll Gate Road		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jonathan N. Savage		Contact Title Attorney	
Street Address 1080 Main Street		City Pawtucket	State RI
		Zip 02860	
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) <input type="checkbox"/>			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

FILED

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BY

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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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

Mauro A Colavita MD

Print or Type Name of Authorized Person