

## 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						
1002893	28 Antho	28 Anthony Avenue Realty, LLC						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Holding	Holding and dealing in real estate						
5. Principal office address 555 Cranston Street			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>			
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OF TITLE OF CONTACT P	ERSON:				
Contact Name Kenneth A. Rocha			Contact Title					
Street Address 555 Cranston Street			City Providence	State RI	Zip <b>02907</b>			
/ LIST ALL MANAGERS ( "X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IP	APPLICABLE - <u>Do</u>	NOT LIST MEN	IBERS		
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip	25/2		
Manager Name			Manager Name					
Street Address			Street Address	700				
City	State	Zip	City	State	Zip 💍	T.		
8. RESIDENT AGENTAIN R	HODE ISLAND			valoda e istologia e i i i i i i i i i i i i i i i i i i	ELEKTRENTZENGANE ZEN			
This information is curren	tly of record in th	e Office of the Secr	retary of State. Changes require f	iling Form 642.				

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Form No. 632 Revised: 01/2012 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

Kenneth A. Rocha

Print or Type Name of Authorized Person