

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. 90574		2. Exact name of the limited liability company 618-628 Tollgate Road Realty Assocaites, LLC						
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Real est	Real estate ownership and management						
5. Principal office address 566 Tollgate Road			City Warwick	State RI	Zip 02886			
	FUNITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTAC	T PERSON:	and the second	藝術		
Contact Name Peter A. Koch, Jr.			Contact Title Manager					
Street Address 566 Tollgate Road			City Warwick	State RI	Zip 02886			
7. UST/AUL MANAGERS ("X" BOXEON ATTAC		DRESSES) OF THE LI	MITED LIABILITY COMPAN	Y, IF APPLICABUE (DO	Karusynensa			
Manager Name Peter A. Koch, Jr.			Manager Name					
Street Address 42 8th Street #3528			Street Address					
City Charlestown	State MA	Zip 02129	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN	HHODE ISLAND				STEEL BANK SOL	<u> 4743</u>		
This information is curre	ently of record in th	e Office of the Secret	ary of State. Changes requi	re filling Form 642.				

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File Deta	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.		
Check No.	and stat all statements contained neveri	1/14/5	
By:	Signature of Authorized Person	/ Date	
FORSEGRETARY OF STATE USE ONLY	Peter A. Koch, Jr., Manager		
LOUSESTELL OF STATE OSC ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012