RI SOS Filing Number: 201690996130 Date: 01/20/2016 5:10 PM

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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Domestic Limited Liability Company Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2015

1. ID No. 000799432

2. Exact Name of the Limited Liability Company FLEURY REALTY, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Purchase and sale of residential property. One property purchased in 2015. Currently held by Fleury Realty LLC.

5. Principal Office Address

No. and Street: 180 ROCKY HILL ROAD
City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: LEO FLEURY Contact Title: MEMBER
No. and Street: 180 ROCKY HILL ROAD
City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

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

LEO W FLEURY 180 ROCKY HILL ROAD NORTH SMITHFIELD , RI 02896

Signed this 20 Day of January, 2016 at 5:10:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that*

individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By LEO FLEURY
Signature of Authorized Person

Form No. 632
Revised 09/07

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 20, 2016 5:10 PM

Nellie M. Gorbea
Secretary of State

0-4427-0