

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

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	2. Exact name of the limited liability company					
535724	492 South Main Street Realty, LLC						
3. State of Formation	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Ownership and management of real estate.						
5. Principal office address 220 Woonasquatucket Avenue				City North Providence	State RI	Zip 02911	
6. MAILING ADDRESS OF LIM	ITED LIABILITY (COMPANY A	ND NAME	OR TITLE OF CONTACT PERSO	N:		
Contact Name				Contact Title			
David C. Reiss				Executive Director of Manager			
Street Address 310 Maple Avenue, Suite 102				City Barrington	State RI	Zip 02806	
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN	IES AND ADDRE	SSES) OF T	HE LIMITE	D LIABILITY COMPANY, IF APPL	ICABLE - DO N	OT LIST MEMBERS	
Manager Name				Manager Name			
The Fogarty Cente	r			_			
Street Address				Street Address			
220 Woonasquatuck	et Avenue						
City	State	Zip	-	City	State	Zip	
North Providence	RI	02	2911	<u> </u>			
Manager Name				Manager Name			
Street Address			,	Street Address			
City	State	Zip		City	State	Zip	
B. RESIDENT AGENT IN RHOD		<u> </u>					
This information is currently of	record in the Of	fice of the S	ecretary of	State. Changes require filing Fo	orm 642.	······································	
				annual redame muild t			

of and affirm that I have examined ppanying schedules and statements, ed herein are true and correct.

File Date		Under penalty of perjury, I declare and this report, in fluding are accompanying
Check No		and that all statements contained here
By:	FILED	Signature of Authorized Person
FOR SECRETARY OF STATE USE ONLY	, ,	DAVID C. REISS Print or Typo Name of Authorized Person

Form No. 632 Revised: 01/2012

MAR 23 2016

By 2068 7