State of Rhode Island and Providence Plantations For Office of the Secretary of State			
Division Of Business Services			
	148 W. River S	reet	
Providence RI 02904-2615			
HOPE	(401) 222-3040		
Limited Liability Company			
Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc.		
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2015</u>		
1. ID No. <u>00008187</u>	1		
2. Exact Name of the Limited Liability Company Russo Realty Company, LLC			
3. State of Formation			
State: <u>RI</u>			
REAL ESTATE			
5. Principal Office Address			
No. and Street: 3 SHIPYARD STREET			
	<u>DVIDENCE</u> State:	<u>RI</u> Zip: <u>02903</u> Cou	intry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
-			
Contact Name: Contact			
	<u>) BOX 19197</u> HNSTON State: RI	Zip: 02919 Coun	try: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
First, Middle, Last, Suffix Address		Address, City or Town, State, Zi	p Code, Country
MANAGER	LABER RUSSO	PO BOX 19 JOHNSTON, RI 0291	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>RICHARD BOGUE, ESQ.</u> BOGUE, MOYLAN & MARINO, LLP <u>55 PINE STREET, 5TH FLOOR</u> <u>PROVIDENCE</u> , <u>RI</u> 02903			

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

Signed this 1 Day of April, 2016 at 5:27:22 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 <u>LABER RUSSO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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