



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. 143581		2. Exact name of the limited liability company 98 MAIN STREET, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real estate management			
5. Principal office address 7 Roger Road		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Registered Agent			
Street Address 50 Park Row West, Suite 111		City Providence, RI	State RI	Zip 02903	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Edward T. Galucci		Manager Name Robert E. Gallucci			
Street Address 7 Roger Road		Street Address 5 Lovegreen Way			
City Johnston	State RI	Zip 02919	City East Greenwich	State RI	Zip 02818
Manager Name Donna J. Sabitoni		Manager Name Dana M. Tiberi			
Street Address 102 Plain Road		Street Address 10 Deer Hill Drive			
City North Kingstown	State RI	Zip 02852	City Smithfield	State RI	Zip 02917
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

APR 21 2016
 BY KL 10033

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Edward T. Gallucci 3/27/16
 Signature of Authorized Person Date

Edward T. Gallucci
 Print or Type Name of Authorized Person