State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2016
Annual Report for the year: _____
Limited Liability Company
→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number 805398	2. Exact name of the Limited Liability Company TAG REALTY, LLC			
3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island ownership and development of real estate			

5. Principal Office Address 69 Fletcher Avenue	City Cranston	State RI	Zip 02920-0000

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

Contact Name Antonio DeMarco, III	Contact Title Manager		
Street Address 69 Fletcher Avenue	City Cranston	State RI	Zip 02920-0000

7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name Antonio DeMarco, III			Manager Name Gina M. DeMarco		
Street Address 69 Fletcher Avenue			Street Address 69 Fletcher Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person Antonio DeMarco, III Manager	Date 09/01/2016
Signature of Authorized Person SIGN DOCUMENT HERE	

FILED

AUG 19 2016

BY _____

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised 05/2016