DE artm nt of State - Business Services Division						
Horse Jervices Division						
Annual Report for the Limited Liability Comp → Filing period: Septembe → Filing Fee: \$50.00	r 1 - Novembe	r 1				
→ Penalty: Additional \$25.0	0 fee if form is r	not filed by Dece	ember 1.			
1. Entity ID Number	2. Exact name	e of the Limited L	iability Company			
133325	TES REALTY LLC					
3. NAICS Code	4. Brief descri	4. Brief description of the character of business conducted in Rhode Island				
5. State of Formation		REAL ESTATE RENTAL PEOPERTY				
Those Isund			·	•		
6. Principal Office Address			City	State	Zip	
201 CONGDON DRIVE			WAKEFIELD	RI	62879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name TE SREALTY			Contact Title MEMBER			
Street Address 201 CONQDON DRIVE			City WAKE FIELD	State	Zip 02879	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with 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						

MAIL TO:

Division of Business Services

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

S. 3 of R. le Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

MEMBER

DOCUMENT HERE

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9/6/2016