	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.
	Division Of Business		
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	(+01) 222-30-		
Limited Liability Co	mpany		
Annual Report Filing Period: September	1 - November 1		
	L. 7-16-66(d), each limited liability comp		
o file its annual report wi 16-66(b&c)) is subject to	thin thirty (30) days after the time presci a penalty fee of \$25.00.	ibed by law (R.I.G.L.	7-
ANNUAL REPORT YEA			
1. ID No. <u>0002756</u>	97		
2. Exact Name of the	Limited Liability Company <u>REALO</u>	GY OPERATIONS	LLC
3. State of Formation			
State: <u>CA</u>			
	ARTICLE III		
Using the following NAI	ARTICLE III CS codes, please select the code that b	est describes your bu	siness.
Using the following NAIC	-	-	7
	-	est describes your bu	7
NAICS Code	-	6	<u>81</u>
NAICS Code	CS codes, please select the code that b	6	<u>81</u>
NAICS Code	CS codes, please select the code that b	6	<u>81</u>
NAICS Code 4. Brief Description of	CS codes, please select the code that be the Character of the Business Which	6	<u>81</u>
NAICS Code         4. Brief Description of         REAL ESTATE SERV         5. Principal Office Add	CS codes, please select the code that b the Character of the Business Which ICES	6	<u>81</u>
NAICS Code         4. Brief Description of         REAL ESTATE SERV         5. Principal Office Add         No. and Street:       1	CS codes, please select the code that be the Character of the Business Which <u>TICES</u> ress 75 PARK AVENUE	6 is Actually Conduc	81 ted in Rhode Island
NAICS Code         4. Brief Description of         REAL ESTATE SERV         5. Principal Office Add         No. and Street:       1/2         City or Town: <u>M</u>	CS codes, please select the code that be the Character of the Business Which <u>TICES</u> ress 75 PARK AVENUE IADISON State: <u>N</u>	<u>6</u> is Actually Conduct	81 ted in Rhode Island Country: <u>USA</u>
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NAICS Code         4. Brief Description of         REAL ESTATE SERV         5. Principal Office Add         No. and Street:       1'         City or Town:       M         6. Mailing Address of I         Contact Name:       Contact         No. and Street:       17	CS codes, please select the code that be the Character of the Business Which <u>TCES</u> ress 75 PARK AVENUE [ADISON State: <u>N</u> -imited Liability Company and Name ct Title:	is Actually Conduction IJ Zip: 07940 or Title of Contact	81 ted in Rhode Island Country: <u>USA</u>
NAICS Code         4. Brief Description of         REAL ESTATE SERV         5. Principal Office Add         No. and Street:       1'         City or Town:       M         6. Mailing Address of I         Contact Name:       Contact Name:         No. and Street:       17         City or Town:       M	CS codes, please select the code that be the Character of the Business Which <u>TCES</u> ress 75 PARK AVENUE IADISON State: No. imited Liability Company and Name of Each Manager of the Limited Liab	is Actually Conduct         IJ       Zip: 07940         or Title of Contact         IJ       Zip: 07940	81         ted in Rhode Island         Country: USA         Person:         Country: USA
NAICS Code         4. Brief Description of         REAL ESTATE SERV         5. Principal Office Add         No. and Street:       1'         City or Town:       M         6. Mailing Address of I         Contact Name:       Contact Name:         No. and Street:       17         City or Town:       M/         7. Name and Address	CS codes, please select the code that be the Character of the Business Which <u>TCES</u> ress 75 PARK AVENUE IADISON State: No. imited Liability Company and Name of Each Manager of the Limited Liab	is Actually Conduct         IJ       Zip: 07940         or Title of Contact         IJ       Zip: 07940         ility Company, if Ap	81         ted in Rhode Island         Country: USA         Person:         Country: USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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

## Signed this 12 Day of September, 2016 at 11:06:56 AM 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>SETH I. TRUWIT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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