

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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.                                  | 2. Exact na        | me of the limited liab  | pility company                |                  |                     |  |
|---|--------------------|---|-------------------------------|------------------|---------------------|--|
| 111236  | NORTH              | NORTH END REALTY, LLC   |                               |                  |                     |  |
| 3. State of Formation                             | 4. Brief des       | 4. Brief description of the character of business conducted in Rhode Island |                               |                  |                     |  |
| RI  | REALES             | REAL ESTATE   |                               |                  |                     |  |
| 5. Principal office address 240 CHESTNUT STREET   |                    |   | City<br>WARWICK               | State<br>RI      | Zip<br>02888        |  |
| 6. MAILING ADDRESS (                              | OF LIMITED LIABILI | TY COMPANY AND  | NAME OR TITLE OF CONTACT F    | ERSON:           |                     |  |
| Contact Name RONALD S. CHOFAY, JR.                |                    |   | Contact Title MEMBER          |                  |                     |  |
| Street Address 240 CHESTNUT STREET                |                    |   | City<br>WARWICK               | State RI         | Zip<br><b>02888</b> |  |
| 7. LIST <u>ALL</u> MANAGER:<br>("X" BOX FOR ATTAC |                    | DRESSES) OF THE   | LIMITED LIABILITY COMPANY, II | FAPPLICABLE - 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                 |  |
|   |                    |   | 1                             | 1                |                     |  |
| 8. RESIDENT AGENT IN                              | RHODE ISLAND       |   |                               | <u> </u>         |                     |  |

FILED 62 SEP 13 2016 EMM9

| File Date                       | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements |  |  |  |
|---------------------------------|--|--|--|--|
| Check No                        | and that all statements contained herein are true and correct.   |  |  |  |
| Ву:                             | Signature of Authorized Person Date  |  |  |  |
| FOR SECRETARY OF STATE USE ONLY | RONALD S. CHOFAY, JR.  |  |  |  |
| FOR SECRETARY OF STATE USE ONE! | Print or Type Name of Authorized Person  |  |  |  |

Form No. 632 Revised: 01/2012