St.			
	ate of Rhode Island and Office of the Sec		NS Fee: \$50.00
	Division Of Bus		
	148 W. Riv		
Providence RI 02904-2615			
HOPE	(401) 222	2-3040	
Limited Liability Comp Annual Report			
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability a thirty (30) days after the time µ enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000102995</u>			
2. Exact Name of the Lim	nited Liability Company SO	UTHFORK REALTY, L.L	. <u>C.</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE	Ш	
Using the following NAICS	codes, please select the code t	hat hest describes your busi	ness
NAICS Code		6	<u>53</u>
4. Brief Description of the	Character of the Business V	Vhich is Actually Conducte	d in Rhode Island
REAL ESTATE MANAG	<u>SEMENT</u>		
5. Principal Office Addres	S		
5. Principal Office Addres			
5. Principal Office Addres	5 COMMODITY PL	State: <u>FL</u> Zip: <u>33626</u>	Country: <u>USA</u>
5. Principal Office Addres No. and Street: 12826 City or Town: TAMI 6. Mailing Address of Lime	5 COMMODITY PL PA hited Liability Company and I		
5. Principal Office Addres No. and Street: 12826 City or Town: TAME 6. Mailing Address of Lime Contact Name: Contact T	<u>5 COMMODITY PL</u> PA nited Liability Company and I		
5. Principal Office Address No. and Street: 12826 City or Town: TAME 6. Mailing Address of Lime Contact Name: Contact T No. and Street: 43 CA	<u>5 COMMODITY PL</u> PA hited Liability Company and I Title: ASTLETON DRIVE	Name or Title of Contact P	erson:
5. Principal Office Address No. and Street: 12826 City or Town: TAME 6. Mailing Address of Lime Contact Name: Contact T No. and Street: 43 CA	<u>5 COMMODITY PL</u> PA hited Liability Company and I Title: ASTLETON DRIVE		·
5. Principal Office Addres No. and Street: 12826 City or Town: TAME 6. Mailing Address of Lime Contact Name: Contact T No. and Street: 43 CA City or Town: CRAN	<u>5 COMMODITY PL</u> PA nited Liability Company and N Title: <u>STLETON DRIVE</u> <u>ISTON</u>	Name or Title of Contact Po State: <u>RI</u> zip: <u>02921</u>	erson: Country: <u>USA</u>
5. Principal Office Address No. and Street: 12826 City or Town: TAME 6. Mailing Address of Lime Contact Name: Contact T No. and Street: 43 CA City or Town: CRAN 7. Name and Address of E	<u>5 COMMODITY PL</u> PA nited Liability Company and N Title: <u>STLETON DRIVE</u> <u>ISTON</u>	Name or Title of Contact Po State: <u>RI</u> zip: <u>02921</u>	erson: Country: <u>USA</u> licable.
 5. Principal Office Address No. and Street: <u>12826</u> City or Town: <u>TAME</u> 6. Mailing Address of Lime Contact Name: Contact T No. and Street: <u>43 CA</u> City or Town: <u>CRAN</u> 7. Name and Address of E DO NOT LIST MEMBER 	5 COMMODITY PL PA nited Liability Company and P Title: STLETON DRIVE ISTON Each Manager of the Limited S	Name or Title of Contact Po State: <u>RI</u> Zip: <u>02921</u> Liability Company, if App	erson: Country: <u>USA</u> licable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT BALASIO 43 CASTLETON DRIVE CRANSTON, RI 02921

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

Signed this 20 Day of September, 2016 at 12:20:48 PM 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 ANTHONY BALASCO

Signature of Authorized Person

Form No. 632 Revised 09/07

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