Department of S	tate - Busin	ess Service	s Division	_	
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - November		nber 1.	_	
1. Entity ID Number	2. Exact name of the Limited Liability Company				
535724		492 South	Main Street Realty, LLC		
3. NAICS Code 53 - Real Estate and Rental and 5. State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island Ownership and management of real estate.				
6. Principal Office Address 220 Woonasquatucket Avenue			City North Providence	State RI	Zip 02911
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person		
Contact Name David C. Reiss			Contact Title Executive Director of Manager		
Street Address 310 Maple Avenue, Suite 102			City Barrington	State RI	Zip 02806
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	lity Company, IF APPLICABLE -	DO NOT LIST M	IEMBERS
Manager Name The Fogarty Center			Manager Name		
Street Address 220 Woonasquatucket Avenue			Street Address		
City North Providence	State RI	^{Zip} 02911	City	State	Zip
Manager Name	<u> </u>		Manager Name		

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

Ζiρ

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.

Street Address

City

Name of Authorized Person

Street Address

City

Date

State

DAVID C. REISS

September 1, 2016

Check the box to indicate an attachment

Signature of Authorized Person

MAIL TO:

Division of Business Services

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

State

State of Rhode Island and Providence Plantations

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

