



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 930877		2. Exact name of the limited liability company Orchard Realty, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island purchase, sell and otherwise invest in real properties	
5. Principal office address 4726 Dundee Drive		City Bradenton	State Florida
		Zip 34210	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul A. Sassi		Contact Title Attorney	
Street Address 2220 Plainfield Pike		City Cranston	State RI
		Zip 02921	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Paul A. Sassi		Address 2220 Plainfield Pike	
Address		City Cranston RI	Zip 02921

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

FILED

SEP 30 2016

7235 A.A

By

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.

Gloria Mc Conville 9-27-16
Signature of Authorized Person Date

Gloria Mc Conville Member

Print or Type Name of Authorized Person

File Date

Check No.

By:

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