



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016  
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |       |                                                                                                                                                                                             |                             |                        |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>539909</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Revin Realty, LLC</b>                                                                                                                  |                             |                        |                     |
| 3. NAICS Code<br>53 - Real Estate and Rental a <input type="checkbox"/>                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Leasing and renting of real property and any other acts or things relative thereto permissible by law</b> |                             |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                                                                                                             |                             |                        |                     |
| 6. Principal Office Address<br><b>2959 Peake Street</b>                                                                                                                                                     |       | City<br><b>North Port</b>                                                                                                                                                                   |                             | State<br><b>FL</b>     | Zip<br><b>34286</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                                             |                             |                        |                     |
| Contact Name <b>Serena A. Sposato, M.D.</b>                                                                                                                                                                 |       |                                                                                                                                                                                             | Contact Title <b>Member</b> |                        |                     |
| Street Address <b>2959 Peake Street</b>                                                                                                                                                                     |       | City <b>North Port</b>                                                                                                                                                                      |                             | State <b>FL</b>        | Zip <b>34286</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                                                                                             |                             |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                                                                                             |                             |                        |                     |
| <b>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.</b> |       |                                                                                                                                                                                             |                             |                        |                     |
| Name of Authorized Person<br><b>Serena A. Sposato, M.D.</b>                                                                                                                                                 |       |                                                                                                                                                                                             |                             | Date<br><b>10/3/16</b> |                     |
| Signature of Authorized Person<br><i>Serena Sposato</i>                                                                                                                                                     |       |                                                                                                                                                                                             |                             | <b>10/3/16</b>         |                     |

MAIL TO:

Division of Business Services

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FILED

OCT 05 2016  
By 1086 A.A.