Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Imited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company falling 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.         ANNUAL REPORT YEAR: 2016         1. ID No.       000539755         2. Exact Name of the Limited Liability Company Delordy Realty, LLC         3. State of Formation         State: RI         State: RI         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       53         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RELE ESTATE HOLDING COMPANY         5. Principal Office Address         No. and Street:       62 FORT AVENUE CIty or Town:       Contact Title: No. and Street:       62 FORT AVENUE City or Town:       Contact Title: No. and Street:       Contact	s s			ONS Fee: \$50.0	
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to fie its annual report within thirty (30) days ofter the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No.       000539755         2. Exact Name of the Limited Liability Company DeJordy Reality, LLC         3. State of Formation         State: RI         Value         Vising the following NAICS codes, please select the code that best describes your business.         NAICS Code       53         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE HOLDING COMPANY         5. Principal Office Address         No. and Street:       62 FORT AVENUE City or Town:         Contact Title:         No. and Street:       62 FORT AVENUE City or Town:         Contact Name:       Contact Title:         No. and Street:       62 FORT AVENUE City or Town:       Contact Title:         No. and Street:       62 FORT AVENUE City or Town:       CanNSTON         State: RI       Zip: 02905       Country: USA         6. Mailling Address of Each Manager of the Limited L		Division Of Busin	ss Services		
(401) 222-3040         Limited Liability Company Panual Report         Filing Period: September 1 - November 1         that accordance with R1.10_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- 6-66(dx6.0) is subject to a penalty fee of \$250.         ANNUAL REPORT YEAR: 2016         1. ID No.       000539755         2. Exact Name of the Limited Liability Company Defordy Reality, LLC         3. State of Formation         State: RI         MATCS Code         53         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE HOLDING COMPANY         5. Principal Office Address         No. and Street:       62 FORT AVENUE City or Town:         CRANSTON       State: RI         No. and Street:       62 FORT AVENUE City or Town:         Contact Name:       Contact Title: No. and Street:         No. and Street:       62 FORT AVENUE City or Town:         Contact Name:       Contact Title: No. and Street:         No. and Street:       62 FORT AVENUE City or Town:         Contact Name:       Contact Title: No. and Street:         No. and Street:       62 FORT AVENUE City or Town:         City or Town:       CRANSTON      <					
Limited Liability Company Annual Report Filing Period: September 1 - November 1 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. ANNUAL REPORT YEAR: 2016 1. ID No. 000539755 2. Exact Name of the Limited Liability Company DeJordy Realty, LLC 3. State of Formation State: RI Using the following NAICS codes, please select the code that best describes your business. NAICS Code 53 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE HOLDING COMPANY 5. Principal Office Address No. and Street: <u>62 FORT AVENUE</u> City or Town: <u>CRANSTON</u> State: RI Zip: 02905 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>Contact Title</u> : No. and Street: <u>62 FORT AVENUE</u> City or Town: <u>CRANSTON</u> State: RI Zip: 02905 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
Annual Report         Filing Period: September 1 - November 1         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-          10 No.       000539755         2.       Exact Name of the Limited Liability Company DeJordy Realty, LLC         3.       State of Formation         State: RI       ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       53         4.       Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE HOLDING COMPANY       5.         5.       Principal Office Address         No. and Street:       62 FORT AVENUE         City or Town:       CRANSTON         State: RI       Zip: 02905         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       62 FORT AVENUE         City or Town:       CRANSTON         State: RI       Zip: 02905         Country: USA         6. Mailing Address of Each Manager of the Limited Liability Company, if Applicable.	HOPE	(401) 222-3	040		
Filing Period. September 1 - November 1  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.  ANNUAL REPORT YEAR: 2016  1. ID No. 0005339755  2. Exact Name of the Limited Liability Company DeJordy Reality, LLC  3. State of Formation State: RI  Using the following NAICS codes, please select the code that best describes your business.  NAICS Code  ARTICLE III Using the following NAICS codes, please select the code that best describes your business.  NAICS Code  Sate: RI  4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  REAL ESTATE HOLDING COMPANY  5. Principal Office Address No. and Street: 62 FORT AVENUE City or Town: CRANSTON State: RI Zip: 02905 Country: USA  6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 62 FORT AVENUE City or Town: CRANSTON State: RI Zip: 02905 Country: USA  7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	Limited Liability Com	pany			
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Contact Name:       Contact Title:         No. and Street: <u>62 FORT AVENUE</u> City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02905</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         Address	City or Town: <u>CR</u>	ANSTON State	<u>RI</u> Zip: <u>02905</u>	Country: <u>USA</u>	
Contact Name:       Contact Title:         No. and Street: <u>62 FORT AVENUE</u> City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02905</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         Address	6. Mailing Address of Li	mited Liability Company and Na	ne or Title of Contact	Person:	
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DO NOT LIST MEMBERS       Title     Individual Name     Address	, <u></u>				
			ability Company, if Ap	plicable.	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Ad	dress	
		First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER					

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THOMAS W. DEJORDY 62 FORT AVENUE CRANSTON, RI 02905

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

**Signed this 7 Day of October, 2016 at 3:53:09 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 <u>THOMAS W. DEJORDY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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