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	2. Exact name of the Limited Liability Company						
406830	GONSALVES-PASTORE REALTY, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental a	Operate a residential and commercial real estate brokerage business.						
5. State of Formation							
RI							
6. Principal Office Address	City			State	Zip		
126 Broad Street Cumberlan			Cumberland	RI	02864		
7. Mailing Address of Limited Lia		ny and Name or					
Contact Name Thomas M. Pastore			Contact Title Member	Contact Title Member			
Street Address Same as above			City	State	Zip		
8. List ALL managers (names an	id addresses	s) of the Limited l	iability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Manager Name None			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
<u> </u>			-	Check the box to	indicate an attachment		
9. Resident Agent in Rhode Islan	d. This inform	ation is currently o	f record with the Department of S	tate. Changes require fili	ng Form 642.		
Under penalty of perjury, I deci statements, and that all statem	are and affi ents contai	rm that I have e ned herein are t	xamined this report, includ rue and correct.	ing any accompanyii	ng schedules and		
Name of Authorized Person				Date			
Thomas M. Pastore			/0	13/K			
Signature of Authorized Person							
Thomas M fastore 15 House Contract to 1980							

MAIL TO:

Division of Business Services

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

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

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