



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>111322</b>  |                    | 2. Exact name of the Limited Liability Company<br><b>DeCOSTA REALTY HOLDINGS, LLC</b>  |                  |                        |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Acquiring, developing, leasing, selling, and otherwise dealing in real property and other business</b> |                  |                        |                     |
| 5. Principal Office Address<br><b>50 Park Row West, Suite 111</b>   |                    | City<br><b>Providence</b>  |                  | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |  |                  |                        |                     |
| Contact Name<br><b>Stephen J. DiGianfilippo, Esq.</b>   |                    | Contact Title<br><b>Attorney</b>   |                  |                        |                     |
| Street Address<br><b>50 Park Row West, Suite 111</b>  |                    | City<br><b>Providence</b>  |                  | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                    |  |                  |                        |                     |
| Manager Name<br><b>Lorraine DeCosta</b>   |                    | Manager Name<br><b>-</b>   |                  |                        |                     |
| Street Address<br><b>101 Sharp Street</b>   |                    | Street Address<br><b>-</b>   |                  |                        |                     |
| City<br><b>North Dartmouth</b>  | State<br><b>MA</b> | Zip<br><b>02747</b>  | City<br><b>-</b> | State<br><b>-</b>      | Zip<br><b>-</b>     |
| Manager Name<br><b>-</b>  |                    | Manager Name<br><b>-</b>   |                  |                        |                     |
| Street Address<br><b>-</b>  |                    | Street Address<br><b>-</b>   |                  |                        |                     |
| City<br><b>-</b>  | State<br><b>-</b>  | Zip<br><b>-</b>  | City<br><b>-</b> | State<br><b>-</b>      | Zip<br><b>-</b>     |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |  |                  |                        |                     |
| 8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.   |                    |  |                  |                        |                     |
| <i>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.</i> |                    |  |                  |                        |                     |
| Name of Authorized Person<br><b>Lorraine DeCosta</b>  |                    |  |                  | Date<br><b>9-30-16</b> |                     |
| Signature of Authorized Person<br><i>Lorraine DeCosta</i> SIGN DOCUMENT HERE  |                    |  |                  |                        |                     |

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

OCT 14 2016

By *11506*

Revised: 05/2016