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				
111322	DeCOSTA REALTY HOLDINGS, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Acquiring, developing, leasing, selling, and otherwise dealing in real property and other				
	business				
5. Principal Office Address			City	State	Zip
50 Park Row West, Suite 111			Providence	RI	02903
6. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person		
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney		
Street Address 50 Park Row West, Suite 111			City Providence	State RI	^{Zip} 02903
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Lorraine DeCosta			Manager Name		
Street Address 101 Sharp Street			Street Address		
City North Dartmouth	State MA	^{Zip} 02747	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
8. Resident Agent in Rhode Island, This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Lorraine DeCosta		<u></u>	9 - 3	0-16	
Signature of Authorized Person Sten DOCUMENT HERE					
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FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 4 2016

Revised: 05/2016