State of Rhode Island and Providence Plantations						
Department of State - Business Services Division						
HOPE .					23	
2016						
Annual Report for the y	ear:					
Limited Liability Compa	•	•				
→ 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				3 3	
105008	Greco Realty	Greco Realty Associates, LLC				
3. NAICS Code	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Rental and	Real estate and any other lawful business					
5. State of Formation	5. State of Formation					
Rhode Island						
6. Principal Office Address	<u></u>		City	State	Zip	
11 Knight Street, Building E19	ļ.		Warwick	RI	02886	
7. Mailing Address of Limited Lia		and Mama or Title	of Contact Parson			
***************************************	Dility Company o	Inu Name or mo				
Contact Name Earl M. Greco			Contact Title Operating Manager			
Street Address 11 Knight Street, Building E19			City Warwick	State RI	<sup>Zip</sup> <b>02886</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Earl M. Greco			Manager Name			
Street Address 11 Knight Street, Building E19			Street Address			
City Warwick	State RI	<sup>Zip</sup> 02886	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address	-		Street Address			
City	State	Zip	City	State	Zip	
	<u></u>	<u>L</u>	Che	eck the box to indi	cate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with 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		- Y	<u> </u>	Date	1	
Earl M. Greco		- WE	+	1 9/20	12016	
Signature of Authorized Person 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 17 2016

By \$1 28407/