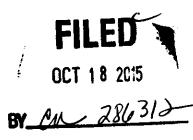
| State of Rhode Island and Providence Plantations Department of State - Business Services Division | R.J. 021 (200) 2016 OCT 1 8 |
|--|--------------------------------|
| Annual Report for the year: | SINA WIS |
| Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | . 59 |
| → 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 | | | | | |
|--|---|-----------|------------------|---------------------|-----------------------|--|
| 128522 | Capuano Realty, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 53 | to own, operate, lease, buy, sell, manage & otherwise deal in real estate | | | | | |
| 5. State of Formation | 1 | , | • | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 127 Kearney Street | | | Cranston | RI | 02920 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name LOIS A. DIBIASIO | | | Contact Title | | | |
| Street Address 140 Capuano Avenue | | | City Cranston | State RI | ^{Zip} 02920 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name A. DiBlasio | | | Manager Name | | | |
| Street Address 40 Capuano Ave | | | Street Address | | | |
| City Cranster | State R / | Zip 02920 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | <u>.l</u> | | <u> </u> | Check the box to in | ndicate 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 LOIS A. DIBIASIO | | | Date 10-13-16 | | | |
| Signature of Authorized Person Aus Company August 1984 | | | | | | |

MAIL TO:

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

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



FORM 632 - Revised: 08/2016