



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 <b>147188</b>		2. Exact name of the Limited Liability Company <b>Near Steere, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real estate management</b>			
5. Principal Office Address <b>29 Armento Street</b>		City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Stephen J. DiGianfilippo, Esq.</b>			Contact Title <b>Attorney</b>		
Street Address <b>50 Park Row West, Suite 111</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Eugene LaFazia</b>			Manager Name <b>Claudia E. LaFazia</b>		
Street Address <b>485 Greenville Avenue</b>			Street Address <b>485 Greenville Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Manager Name <b>Richard E. LaFazia</b>			Manager Name		
Street Address <b>485 Greenville Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
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.					
<b>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.</b>					
Name of Authorized Person <b>Eugene LaFazia</b>				Date <b>10-2-16</b>	
Signature of Authorized Person <i>Eugene LaFazia</i>				SIGN DOCUMENT HERE	

**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 21 2016  
By *LLS07*  
*LLS*

FORM 632 - Revised: 05/2016