State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2016

Annual Report for the year: _____
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
156244	**1953 OLP REALTY, LLC**
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Real estate management**

5. Principal Office Address	City	State	Zip
1953 Old Louisquisset Pike	**Lincoln**	**RI**	**02865**

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Stephen J. DiGianfilippo, Esq.	**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 **Alfred A. DiOrio**			Manager Name		
Street Address **182 Angell Road**			Street Address		
City **Lincoln**	State **RI**	Zip **02865**	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
Alfred A. DiOrio	10-11-16

Signature of Authorized Person SIGN DOCUMENT HERE

FILED

OCT 21 2016

By 11507 LO

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: 05/2016

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