State of Rhode Island a	and Providence F	Plantations			
Department of S	tate - Busin	ess Service:	s Division		~ 3
	2042				
Annual Report for the year: 2016					3 3 3 3 7 7
Limited Liability Company					
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					
→ Penalty: Additional \$25.00	fee if form is no	ot filed by Decen	nber 1.		
1. Entity ID Number	2. Exact name	of the Limited Lia	ability Company		जं ले
134332	ABEJOE REALTY, LLC				сл
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Rental and	REAL ESTATE MANAGEMENT				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
728 VALLEY STREET			PROVIDENCE	RI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name D. JOSEPH D'AMICO			Contact Title ATTORNEY		
Street Address 728 VALLEY STREET			City PROVIDENCE	State RI	^{Zip} 02908
8. List ALL managers (names and addresses) of the Limited Liabili			lity Company, IF APPLICABLE	- DO NOT LIST ME	MBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		<u>. </u>	C	heck the box to ind	icate 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 Date					,
GISELE SALIBA 1/C					15-16
Signature of Authorized Person X X S C UMM SIGN DOCUMENT HERE					
FILED					
U					LU

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 25 2016

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