



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

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 RHODE ISLAND STATE  
 DEPARTMENT OF BUSINESS SERVICES  
 2016 OCT 25 PM 1:55

**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<br><b>134332</b>  | 2. Exact name of the Limited Liability Company<br><b>ABEJOE REALTY, LLC</b>                                  |                                  |                         |
| 3. NAICS Code<br>53 - Real Estate and Rental and  | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE MANAGEMENT</b> |                                  |                         |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |  |                                  |                         |
| 6. Principal Office Address<br><b>728 VALLEY STREET</b>   |  | City<br><b>PROVIDENCE</b>        | State<br><b>RI</b>      |
| Zip<br><b>02908</b>   |  |                                  |                         |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                                  |                         |
| Contact Name<br><b>D. JOSEPH D'AMICO</b>  |  | Contact Title<br><b>ATTORNEY</b> |                         |
| Street Address<br><b>728 VALLEY STREET</b>  |  | City<br><b>PROVIDENCE</b>        | State<br><b>RI</b>      |
| Zip<br><b>02908</b>   |  |                                  |                         |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |  |                                  |                         |
| 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                     |
| Check the box to indicate an attachment <input type="checkbox"/>  |  |                                  |                         |
| 9. Resident Agent in Rhode Island. This information is currently of record with 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<br><b>GISELE SALIBA</b>   |  |                                  | Date<br><b>10-15-16</b> |
| Signature of Authorized Person<br><i>X Gisele Saliba</i>  |  | SIGN DOCUMENT HERE               |                         |

**FILED** ✓

**OCT 25 2016**

BY CA 286871

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov