| State of Rhode Island and Providence Plantations | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------|------------------------|---------------------|-----------------------------|
| Department of State - Business Services Division | | | | | |
| Work. | | | | | 2116 CC |
| Annual Report for the y | ear: 2016 | | | | 3 75_ |
| Limited Liability Company | | | | | |
| → Filing period: September 1 - November 1 | | | | | ा जा |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | | | | | |
| Penalty. Additional \$25.00 | iee ii ioim is no | of filed by Decem | iber I. | | - |
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | 00 17 |
| 104308 | D'AMICO REALTY, LLC | | | | |
| 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 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 |
| | | L. | Che | ck the box to indic | cate 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 | | | | | |
| ROBERT A. D'AMICO 9-30-16 | | | | | |
| Signature of Authorized Person WAENT HERE | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

OCT 25 2016

BY Ch 28687/