	Otata at Dhada laland and Dhadidanaa Dhatatiana	
	State of Rhode Island and Providence Plantations Fee: S Office of the Secretary of State	\$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE	(401) 222-3040	
imited Liability C	Company	
nnual Report iling Period: Septemb	er 1 - November 1	
accordance with R.I.	.G.L. 7-16-66(d), each limited liability company failing or refusing	
	within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	to a penalty fee of \$25.00.	
NNUAL REPORT YE	EAR: <u>2016</u>	
I. ID No. <u>00009</u>	0386	
. Exact Name of th	e Limited Liability Company <u>407 Realty, LLC</u>	
3. State of Formation	on	
State: RI		
	ARTICLE III	
	ARTICLE III AICS codes, please select the code that best describes your business.	
Using the following N/	AICS codes, please select the code that best describes your business.	
Using the following N/	AICS codes, please select the code that best describes your business.	nd
Jsing the following N/ NAICS Code 4. Brief Description of	AICS codes, please select the code that best describes your business.	nd
Jsing the following N/ NAICS Code 4. Brief Description of	AICS codes, please select the code that best describes your business.	nd
Jsing the following N/ NAICS Code 4. Brief Description of AQUIRING, DEVE	AICS codes, please select the code that best describes your business.	nd
Jsing the following N/ NAICS Code 4. Brief Description of AQUIRING, DEVE 5. Principal Office Ad	AICS codes, please select the code that best describes your business.	nd
Using the following N/ NAICS Code 4. Brief Description of	AICS codes, please select the code that best describes your business.	nd
Using the following N/ NAICS Code 4. Brief Description of AQUIRING, DEVE 5. Principal Office Ac No. and Street: City or Town:	AICS codes, please select the code that best describes your business.	nd
Jsing the following N/ NAICS Code 4. Brief Description of AQUIRING, DEVE 5. Principal Office Ac No. and Street: City or Town: 6. Mailing Address of	AICS codes, please select the code that best describes your business. 6 53 of the Character of the Business Which is Actually Conducted in Rhode Islan LOPING & MANAGING HEALTH CARE FACILITIES ddress PO BOX 3552 CRANSTON State: RI Zip: 02910 Country: USA of Limited Liability Company and Name or Title of Contact Person:	nd
Jsing the following N/ NAICS Code 4. Brief Description of AQUIRING, DEVE 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KEN</u>	AICS codes, please select the code that best describes your business. 6 53 of the Character of the Business Which is Actually Conducted in Rhode Islan LOPING & MANAGING HEALTH CARE FACILITIES ddress PO BOX 3552 CRANSTON State: RI Zip: 02910 Country: USA of Limited Liability Company and Name or Title of Contact Person: AUCKERMAN Contact Title:	nd
Jsing the following N/ NAICS Code 4. Brief Description of AQUIRING, DEVE 5. Principal Office Ad No. and Street: City or Town: 5. Mailing Address of	AICS codes, please select the code that best describes your business. 6 53 of the Character of the Business Which is Actually Conducted in Rhode Islan LOPING & MANAGING HEALTH CARE FACILITIES ddress PO BOX 3552 CRANSTON State: RI Zip: 02910 Country: USA of Limited Liability Company and Name or Title of Contact Person:	nd
Jsing the following N/ NAICS Code B. Brief Description of AQUIRING, DEVE 5. Principal Office Ad No. and Street: City or Town: 5. Mailing Address of Contact Name: <u>KEN</u> No. and Street: City or Town:	AICS codes, please select the code that best describes your business.	nd
Jsing the following N/ NAICS Code 4. Brief Description of AQUIRING, DEVE 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KEN</u> No. and Street: City or Town: 7. Name and Address	AICS codes, please select the code that best describes your business.	nd

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EDWARD D. FELDSTEIN, ESQ. 10 WEYBOSSET STREET, 8TH FLOOR PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of October, 2016 at 10:43:58 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KEN ZUCKERMAN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved