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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

| 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  | 2. Exact name of the Limited Liability Company |   |  |                                       |                        |  |  |
|--|--|---|--|---------------------------------------|------------------------|--|--|
|  |  | Matese 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                                      |  |   | Cîty   | State                                 | Zip                    |  |  |
| 135 Madison Avenue   | n Avenue                                       |   |  | RI                                    | 02920                  |  |  |
| 7. Mailing Address of Limited L                                  | iability Compa                                 | ny and Name or  | and the same of th | · · · · · · · · · · · · · · · · · · · |                        |  |  |
| Contact Name Pasquale Lanni                                      |  | Contact Title Member  | Contact Title Member   |                                       |                        |  |  |
| Street Address 135 Madison Avenue                                |  | City Cranston   | State RI   | <sup>Zip</sup> <b>02920</b>           |                        |  |  |
| 8. List ALL managers (names                                      | and addresses                                  | s) of the Limited   | Liability Company, IF APPLICA  | ABLE - DO NOT LIST                    | MEMBERS                |  |  |
| Manager Name   |  | Manager Name  | Manager Name   |                                       |                        |  |  |
| Street Address   |  | Street Address  | Street Address   |                                       |                        |  |  |
| City   | State  | Zip   | City   | State                                 | Zip                    |  |  |
| Manager Name   |  |   | Manager Name   |                                       |                        |  |  |
| Street Address   |  |   | Street Address   |                                       |                        |  |  |
| City   | State  | Zip   | City   | State                                 | Zìp                    |  |  |
|  | <del></del>                                    |   | L  | Check the box to i                    | indicate an attachment |  |  |
| 9. Resident Agent in Rhode Isla                                  | and. This inform                               | nation is currently of  | of record with the Department of S   | tate. Changes require filir           | ng Form 642.           |  |  |
| Under penalty of perjury, I de<br>statements, and that all state | clare and aff<br>ments contai                  | irm that I have (<br>ined herein are  | examined this report, includi<br>true and correct.   | ing any accompanyin                   | g schedules and        |  |  |
| Name of Authorized Person  |  |   | Date   |                                       |                        |  |  |
| PASQuale Lanni   |  |   | 10-4   | -16                                   |                        |  |  |
| Signature of Authorized Person                                   |  | <u>/</u> 98949  | 00.000 E 10.0 4 E 17.5   | ·                                     |                        |  |  |

## MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2016