Limited Liability Compa	<del>-</del>				
→ Filing period: September → Filing Fee: \$50,00	1 - November 1				
→ Penalty: Additional \$25.00	) fee if form is not filed by Dec	ember 1.	_		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
L65972	DREWNIAK REALTY, ((C				
3. NAICS Code	4. Brief description of the char	4. Brief description of the character of business conducted in Rhode Island			
53	RENTAL OF BUILDING SPACE.				
5. State of Formation		Sacreding	<b>3</b> , , , <u> </u>		
RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
526 FRONT	5T.	WOON:	RT.	02895	
7. Mailing Address of Limited Lia	bility Company and Name or Tit	tle of Contact Person	-		
Contact Name DAVID DREWNIAK		Contact Title PRCSIDENT			
Street Address 536 FRONT	57.	City WOON	State RZ	Zip 02895	
8. List ALL managers (names a	nd addresses) of the Limited Lia		LE - DO NOT LIST	MEMBERS	
Manager Name		Manager Name			
Street Address		Street Address			
City			State	Zip	
Manager Name	1. 1. 130/	Manager Name			
$\mathcal{F}$		Manager Hairle			
Street Address		Street Address			
City	CO   CO   D	City	State	Zip	
	70075	,	Check the box to	indicate an attachment	
9. Resident Agent in Rhode Islan	d. This information is currently of re	ecord with the Department of State	e. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all statem	lare and affirm that I have exa ents contained herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and	
Name of Authorized Person			Date /	,	
Signature of Authorized Person  Nand Nuesual			11/11	116	
Signature of Authorized Person	Dueniato	<del>Maria Maria</del> Managaran Maria		-	

MAIL TO:

Division of Business Services

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

State of Rhode Island and Providence Plantations

Annual Report for the year: \_20/6

**Department of State - Business Services Division** 

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

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