(B)	State of Rhode Island and Providence Plantations					
	State of Rhode Island and Providence Planta Department of State - Business	Services	Division			

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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.

	T							
1. Entity ID Number	2. Exact name of the Limited Liability Company							
538796	MADDALONI REALTY, LLC.							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
53 - Real Estate and Rental ar	REAL ESTATE							
5. State of Formation	1							
RI								
6. Principal Office Address	<u>L</u>		City	State	Zip			
PO BOX 463			Coventry	RI	02816			
7. Mailing Address of Limited Lia		nd Name or Title	of Contact Person					
Contact Name Domenico A. Pico	zzi		Contact Title Authorized Person					
Street Address PO Box 463			City Coventry	State RI	^{Zip} 02816			
8. List ALL managers (names an		the Limited Liabil	ity Company, IF APPLICAB	LE - DO NOT LIST N	EMBERS			
Manager Name Domenico A. Picozzi			Manager Name					
Street Address PO Box 463		-	Street Address					
City Coventry	State Ri	^{Zip} 02816	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
				Check the box to inc	dicate 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 Date								
Domenico A. Picozzi		- K:		1(/-	2/2014			
Signature of Authorized Person SIGN DOCUMENT 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

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