

A. Raiph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (behr)) is subject to a penalty fee of \$25.00.

(K.i.d.). /-10-00 (807)/ it indies is a pensisty see of \$2.5.00.						
1. ID No.	2. Exact name of the limited liability company					
615877	DJAR REALTY, L.L.C.					
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Bland						
Rhode Island holds real estate.						
5. Principal office address				City	State	Zþ
5 Austin Avenue				Greenville	RI	02828
general and a second and the first of the entertainment of the control of the con						
Cantact Name				Contest Title		
Daniel J. Rubiano, Sr.				Member		
Street Address				CIFY	State	Zф
5 Austin Avenue				Greenville	RI	02828
Manager Name				Manager Name		
Street Addirect				Street Address		
Chy		State	Zip	City	Sterie	Ζφ
	1					
Manager Name 11				Manager Name	•	•
Street Address				Streat Address		
		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Chir		Shale	Zip	Clify	Shede	<i>2</i> -p
			file County of Con-	Charles and the second	AS DICTOR	
This information is correctly of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11						

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

FILED OV

NOV 1 0 2016

5091

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 berein are true and correct

Signature of Authorized Person

Daniel J. Rubiano, Sr., Member

Print or Type Name of Authorized Person

Form 632 Rev. 08/08