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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					
128649	639 Realty Associates, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental a	Leasing and renting of real property and any other acts or things relative thereto permissible by					
5. State of Formation	124					
Rhode Island						
6. Principal Office Address			City	State	Zip	
639 Metacom Avenue			Warren	RI	02885	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or		" <u>"</u>	•	
Contact Name Frank J. Amalfitano, Jr., M.D.			Contact Title Member	Contact Title Member		
Street Address 639 Metacom Avenue			City Warren	State RI	^{Zip} 02885	
8. List ALL managers (names ar	nd addresses) of the Limited L	iability Company, IF APPLIC	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	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	<u> </u>	<u></u>		Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Islan	d. This inform	nation is currently of	f record with the Department of	State. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all statem				ling any accompanyin	g schedules and	
Name of Authorized Person				Date).O.	
Name of Authorized Person Frank J. Amalfitano, Jr., M.D. Date 101816						
Signature of Authorized Person		SIGNZ	Enguny	402		

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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