



State of Rhode Island and Providence Plantations

**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.

|   |       |   |                             |                         |                     |
|---|-------|---|-----------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>000696235</b>   |       | 2. Exact name of the Limited Liability Company<br><b>DEANCO REALTY, LLC</b>                                       |                             |                         |                     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE HOLDING COMPANY</b> |                             |                         |                     |
| 5. State of Formation<br><b>RI</b>  |       |   |                             |                         |                     |
| 6. Principal Office Address<br><b>295 HUNTINGTON AVENUE</b>   |       | City<br><b>PROVIDENCE</b>   |                             | State<br><b>RI</b>      | Zip<br><b>02909</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                         |                     |
| Contact Name <b>DEAN DEFUSCO</b>  |       |   | Contact Title <b>MEMBER</b> |                         |                     |
| Street Address<br><b>295 HUNTINGTON AVE</b>   |       | City<br><b>PROVIDENCE</b>   |                             | State<br><b>RI</b>      | Zip<br><b>02909</b> |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>  |       |   |                             |                         |                     |
| Manager Name  |       | Manager Name  |                             |                         |                     |
| Street Address  |       | Street Address  |                             |                         |                     |
| City  | State | Zip   | City                        | State                   | Zip                 |
| Manager Name  |       | Manager Name  |                             |                         |                     |
| Street Address  |       | Street Address  |                             |                         |                     |
| City  | State | Zip   | City                        | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                             |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                             |                         |                     |
| <b>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.</b> |       |   |                             |                         |                     |
| Name of Authorized Person<br><b>DEAN DEFUSCO</b>  |       |   |                             | Date<br><b>12-20-16</b> |                     |
| Signature of Authorized Person<br>  |       |   |                             |                         |                     |

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY

FORM 632 - Revised: 06/2016