



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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BUSINESS DIV.

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Annual Report for the year: 2014  
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><u>000160421</u>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><u>Damian Realty LLC</u>  |                     |                       |                     |
| 3. NAICS Code<br><u>53</u>                                                                                                                                                                                  |       | 4. Brief description of the character of business conducted in Rhode Island |                     |                       |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                          |       | <u>Realty</u>                                                               |                     |                       |                     |
| 6. Principal Office Address<br><u>6 Alcar Drive Johnston</u>                                                                                                                                                |       | City<br><u>Johnston</u>                                                     | State<br><u>RI</u>  | Zip<br><u>02919</u>   |                     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                             |                     |                       |                     |
| Contact Name<br><u>Angelo Damiani</u>                                                                                                                                                                       |       |                                                                             | Contact Title       |                       |                     |
| Street Address<br><u>137 Park Forest Rd</u>                                                                                                                                                                 |       |                                                                             | City<br><u>CRAN</u> | State<br><u>RI</u>    | Zip<br><u>02920</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                             |                     |                       |                     |
| 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><u>Angelo Damiani</u>                                                                                                                                                          |       |                                                                             |                     | Date<br><u>2/8/17</u> |                     |
| Signature of Authorized Person<br><u>Adm</u>                                                                                                                                                                |       |                                                                             |                     |                       |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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BY Ch 295357

FORM 632 - Revised: 08/2016