



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><u>792947</u>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><u>Pharma Realty LLC</u>                        |                               |                        |                     |
| 3. NAICS Code<br><u>53</u>                                                                                                                                                                                  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>real estate</u> |                               |                        |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                          |       |                                                                                                   |                               |                        |                     |
| 6. Principal Office Address<br><u>P.O. Box 10307</u>                                                                                                                                                        |       | City<br><u>Cranston</u>                                                                           | State<br><u>RI</u>            | Zip<br><u>02910</u>    |                     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |                               |                        |                     |
| Contact Name<br><u>Felix Baez</u>                                                                                                                                                                           |       |                                                                                                   | Contact Title<br><u>owner</u> |                        |                     |
| Street Address<br><u>33 Messina St</u>                                                                                                                                                                      |       |                                                                                                   | City<br><u>Prov</u>           | State<br><u>RI</u>     | Zip<br><u>02904</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>Felix Baez</u>                                                                                                                                                              |       |                                                                                                   |                               | Date<br><u>3/23/17</u> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                   |                               | 1:50 pm                |                     |

FILED

MAIL TO:  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

MAR 23 2017  
BY 299004

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