s s	tate of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000151279</u>	)		
2. Exact Name of the Limited Liability Company <u>REYNOLDS FAMILY REALTY, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		e entity. Download
4. Brief Description of the	e Character of the Business Which	n is Actually Conducted	in Rhode Island
RENTAL RESIDENTIA	L APARTMENTS AND HOUSE	<u>S</u>	
5. Principal Office Addres	SS		
	EYNOLDS STREET T GREENWICH Stat	e: <u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	e or Title of Contact Per	son:
No. and Street: 84 RE	REST Contact Title: <u> EYNOLDS STREET</u> GREENWICH State	e: RI Zip: 02818	Country: USA
	Each Manager of the Limited Liab		
Title	Individual Name First, Middle, Last, Suffix	Addres Address, City or Town, Stat	
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## PATRICIA G. REYNOLDS <u>84 REYNOLDS STREET</u> <u>EAST GREENWICH</u>, <u>RI</u> <u>02818</u>

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

**Signed this 2 Day of September, 2017 at 1:33:36 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>KEVIN PREST</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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