



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

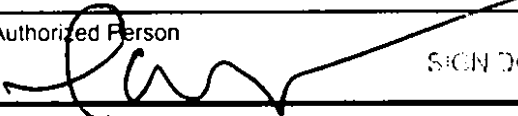
Annual Report for the year: **2017**

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 162729 | | 2. Exact name of the Limited Liability Company 3-L Realty, LLC | | | |
| 3. NAICS Code 531120 | | 4. Brief description of the character of business conducted in Rhode Island Realty holding company | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 4 Green Earth Avenue | | | City Johnston | State RI | Zip 02919 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Peter A. Latta | | | Contact Title Manager | | |
| Street Address 650 Westtown Rd., PO Box 564 | | | City West Chester | State PA | Zip 19381 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Peter A. Latta | | | Manager Name | | |
| Street Address 650 Westtown Rd., PO Box 564 | | | Street Address | | |
| City West Chester | State PA | Zip 19381 | 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Peter A. Latta | | | | Date 9-5-2017 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILEDSEP 15 2017 **SL**BY **62220**