| (Eg) |
|------|
|      |

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 1D Number   | 2 Evact nam  | e of the Limited L  | iahility Company             |                    |  |  |
|---|--|---------------------|------------------------------|--------------------|--|--|
| 109133  | 2. Exact name of the Limited Liability Company SWS Realty, LLC           |                     |                              |                    |  |  |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                     |                              |                    |  |  |
| 531120  | Realty holding company   |                     |                              |                    |  |  |
| 5. State of Formation   |  |                     |                              |                    |  |  |
| Rhode Island  |  |                     |                              |                    |  |  |
| 6. Principal Office Address   |  |                     | City                         | State              | Zip                                    |  |
| 1637 Mineral Spring Avenue  |  |                     | N. Providence                | RI                 | 02904                                  |  |
| 7. Mailing Address of Limited Lia   | bility Company   | and Name or Tit     |                              |                    |  |  |
| Contact Name Steven W. Silverberg   |  |                     | Contact Title Manager        |                    |  |  |
| Street Address 1637 Mineral Spring Avenue   |  |                     | City N. Providence           | State RI           | <sup>Z<sub>1</sub>p</sup> <b>02904</b> |  |
| 8. List ALL managers (names ar  |  | of the Limited Liab | bility Company, IF APPLICABL | E - DO NOT LIST I  | MEMBERS                                |  |
| Manager Name Steven W. Silverberg   |  |                     | Manager Name                 |                    |  |  |
| Street Address 1637 Mineral Spring Avenue   |  |                     | Street Address               |                    |  |  |
| City N. Providence  | State RI   | Zip 02904           | City                         | State              | Zip                                    |  |
| Manager Name  |  |                     | Manager Name                 |                    |  |  |
| Street Address  |  |                     | Street Address               |                    |  |  |
| City  | State  | Zıp                 | City                         | State              | Zip                                    |  |
|   | <u> </u>   |                     |                              | Check the box to i | ndicate an attachment                  |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. |  |                     |                              |                    |  |  |
| Under penalty of perjury, I dec<br>statements, and that all staten  |  |                     | - · · · · · · -              | any accompanyin    | g schedules and                        |  |
| Name of Authorized Person Date  |  |                     |                              |                    |  |  |
| Steven W. Silverberg  |  |                     |                              | 9/1                | 13/17                                  |  |
| Signature of Authorized Person SIGN DOCUMENT HERE   |  |                     |                              |                    |  |  |
| -   | P  | <del></del>         | ····                         |                    | <del> </del>                           |  |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

SEP 2 0 2017

FORM 613 Revised: 08/2013