RI SOS Filing Number: 201750335570 Date: 9/22/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 20/7 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				
1. Entity ID Number	l	2. Exact name of the Limited Liability Company			
133249	SLS Realty, LLC				
3. NAICS Code	4. Brief description of the charac	cter of business conducted in Rho	ode Island		
531390	DIENE	1/1 1			
5. State of Formation	I heal Estate	Holding Compa	01Y		
RhodeIsland		<u> </u>			
6. Principal Office Address		City	State	Zip	
966 Quaker Lane		E. Greenwich	RI	02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Linda LiTarro		Contact Title Manager			
	akerLane	City E. Greenwich		Zip 02818	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LINDA L. Tarro		Manager Name	Moran		
Street Address 5 Cataloa Way		9 Juniper Hill Road			
City Coventry	State T 21p D28/6	Covertry	State #	^{Zip} 02816	
Manager Name John S. M	loran III.	Manager Name			
Street Address 4 Brast Lane		Street Address			
W. Warwick	State RI 02893	City	State	Zip	
				icate 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 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.					
Name of Authorized Person			Date		
LINDAL. Tal	110		9-19	1-17	
Signature of Authorized Person SIGN DOCUMENT MENT					
Inda I. Jano					

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 &

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FORM 632 - Revised: 08/2017