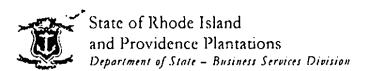
RI SOS Filing Number: 201750907560 Date: 10/3/2017 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2017

Filing Period: September 1 - November 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000941711	2. Exact name of the limited liability company Old Fashioned Way Realty, LLC			3. NAIG	3. NAICS Code 53 1190	
4. Brief description of real estate hold	the character of the husine.	ss which is actually condu	cted in Rhode Island	S. State of Formation Rhode Island		
6. Principal office address 144 Wayland Avenue			City Providence	State RI	2 <i>ip</i> 02906	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Stephen M. Brusini			Cantact Title Manager			
Street Address 144 Wayland Avenue			City Providence	State RI	02906	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED FILL IN SPACES BEFORE USING ATT Manager Name Stephen M. Brusini Steel Address 144 Wayland Avenue			LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ACHMENTS ("X" BOX FOR ATTACHMENT) Alanager Name Theodore Orson Street Address 144 Wayland Avenue			
City Providence	State RI	7.ip 02906	City Providence	State RI	Zip 02906	
Manager Name Giovannia La Terra Bellina			Manager Name			
Street Address 144 Wayland Avenue			Street Address			
Providence	State RI	2ip 02906	City	State	Zip	
	T IN RHODE ISLAND rently of record in the Offi	ice of the Secretary of Sta	ate. Changes require filing of Fon	m 642 – R.I.G.L. 7-16-1	Orson and Brusini Ltd.	
				FILED		
OCT 0 3 2017						
	This report mus	st be executed by an au	thorized person pursuantito R.I	.G.L. 7-16-66 (b).	1445 05	
				<i>1</i>	-	
			including any accompany contained herein are rule a	ing schedules and statemen	have examined this report, ints, and that all statements	
File Date			Y	9/2	2-(17	
Check No.			Signature of Authorized Pe		ale	
	ARY OF STATE USE ONLY					
FOR SECKET	NAT OF STATE USE ONLT		Stephen M. Brusin	ni, Manager		

Print or Type Name of Authorized Person