



State of Rhode Island  
and Providence Plantations  
Department of State – Business Services Division

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. <b>000941711</b>		2. Exact name of the limited liability company <b>Old Fashioned Way Realty, LLC</b>		3. NAICS Code <b>531190</b>	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>real estate holding company</b>				5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>144 Wayland Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Stephen M. Brusini</b>		Contact Title <b>Manager</b>			
Street Address <b>144 Wayland Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Stephen M. Brusini</b>		Manager Name <b>Theodore Orson</b>			
Street Address <b>144 Wayland Avenue</b>		Street Address <b>144 Wayland Avenue</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Manager Name <b>Giovannia La Terra Bellina</b>		Manager Name			
Street Address <b>144 Wayland Avenue</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

**FILED**

OCT 03 2017

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

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.

Signature of Authorized Person

Date

**Stephen M. Brusini, Manager**

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY