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.

	т							
Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company						
164687	MONICA REALTY, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
531110	REAL ESTATE							
5. State of Formation	7							
RHODE ISLAND								
6. Principal Office Address	<u> </u>		City	State	Zip			
677 ATWOOD AVENUE			CRANSTON	RI	02920			
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person	•				
Contact Name JAMES K. CARDI, M.D.			Contact Title					
Street Address 677 ATWOOD AVENUE			City CRANSTON	State RI	<sup>Zip</sup> 02920			
8. List ALL managers (names a	nd addresses) of	f the Limited Liabi	ility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS			
Manager Name NONE			Manager Name					
Street Address			Street Address					
City	State	Zıp	City	State	Zıp			
Manager Name			Manager Name					
Street Address Stre			Street Address					
City	State	Zip	City	State	Zıp			
Check the box to indicate an attachment								
9, Resident Agent in Rhode Islan	nd. This information	on is currently of rec	ord with the Department of Sta	ite. Changes require filin	g Form 642.			
Under penalty of perjury, I dec statements, and that all staten				g any accompanyin	g schedules and			
Name of Authorized Person — Date								
JAMES K. CARDI, M.D. 7 - 4 92717					2817			
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

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