RI SOS Filing Number: 201751331580 Date: 10/10/2017 4:00:00 PM



**Department of State - Business Services Division** 

STAMP

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 ID Number <b>82443</b>                   | L L                    | 2. Exact name of the Limited Liability Company  Cypress Realty, LLC                      |                                    |                            |                             |  |
|--|------------------------|--|------------------------------------|----------------------------|-----------------------------|--|
| 3. NAICS Code                                      | L                      | Brief description of the character of business conducted in Rhode Island     Real Estate |                                    |                            |                             |  |
|  |                        |  |                                    |                            |                             |  |
| 5. State of Formation                              |                        |  |                                    |                            |                             |  |
| Rhode Island                                       |                        |  |                                    |                            | , <del></del>               |  |
| 6. Principal Office Address                        |                        |  | City                               | State                      | Zip                         |  |
| 7 Cypress Street                                   |                        |  | Warwick                            | RI                         | 02888                       |  |
| 7. Mailing Address of Limit                        | ted Liability Compa    | ny and Name o  | r Title of Contact Person          |                            |                             |  |
| Contact Name Diane L. Nobile                       |                        |  | Contact Title Member               | Contact Title Member       |                             |  |
| Street Address 7 Cypress Street                    |                        |  | City Warwick                       | State RI                   | <sup>Zip</sup> <b>02888</b> |  |
| 8. List ALL managers (nar                          | mes and addresses      | ) of the Limited   | Liability Company, IF APPLICA      | BLE - DO NOT LIST          | MEMBERS                     |  |
| Manager Name                                       |                        |  | Manager Name                       |                            |                             |  |
| Street Address                                     |                        |  | Street Address                     |                            |                             |  |
| City   | State                  | Zip  | City                               | State                      | Zip                         |  |
| Manager Name                                       |                        |  | Manager Name                       |                            |                             |  |
| Street Address                                     |                        |  | Street Address                     |                            |                             |  |
| City   | State                  | Zip  | City                               | State                      | Zip                         |  |
|  | <u></u>                |  |                                    | Check the box to           | indicate an attachment      |  |
| 9. Resident Agent in Rhoo                          | de Island. This inform | nation is currently  | of record with the Department of S | tate. Changes require fili | ng Form 642.                |  |
|  | , I declare and aff    | irm that I have  | examined this report, include      |                            |                             |  |
| Name of Authorized Person  Diane L. Nobile, Member |                        |  |                                    | Date 9/28/2017             |                             |  |
| Signature of Authorized P                          | erson 1                | SIG  | N DOCUMENT HERE                    |                            | 40 ( Gross /                |  |

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** 

OCT 1 0 2017

BY 1103 KM

FORM 632 - Revised: 08/2017