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State of Rhode Island and Providence Plantations

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	2. Exact name of the Limited Liability Company					
149293	ARAUJO REALTY, LLC					
	<u> </u>					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53110"	SALE AND LEASING OF REAL ESTATE AND ALL OTHER LEGAL AND					
5. State of Formation	State of Formation LAWFUL BUSINESS.					
Rhode Island						
6. Principal Office Address			City	State	Zip	
380 Mendon Road			Cumberland	RI	02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Joseph L. Araujo			Contact Title Manager			
Street Address 380 Mendon Road			City Cumberland	State RI	^{Zip} 02864	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Joseph L. Araujo			Manager Name			
Street Address 380 Mendon Road			Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Check the box to indicate 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 / /						
Joseph L. Araujo 9/26/17						
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 FILED O

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