RI SOS Filing Number: 201751361640 Date: 10/10/2017 4:00:00 PM



STAFF

Affilia Surger State Constitution

## 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                                   | la Event no         | of the Limits  | ad Liability Company                               |                            |                       |  |
|--|---------------------|--|--|----------------------------|-----------------------|--|
| 1662963  | 1                   | 2. Exact name of the Limited Liability Company  Can Do Realty, LLC                     |  |                            |                       |  |
| 3. NAICS Code  | <b> </b>            | 4 Brief description of the character of business conducted in Rhode Island             |  |                            |                       |  |
| 531390   | to acquir           | to acquire, own, hold, improve, manage, operate and sell real property and any and all |  |                            |                       |  |
| 5. State of Formation                                |                     | lawful business thereto  |  |                            |                       |  |
| Rhode Island   |                     |  |  |                            |                       |  |
| 6. Principal Office Address                          |                     |  | City   | State                      | Zip                   |  |
| 1 Hall Street  |                     |  | Warwick  | RI                         | 02818                 |  |
| 7. Mailing Address of Limite                         | d Liability Compa   | iny and Name o   |  |                            |                       |  |
| Contact Name Gary N. Blier                           |                     |  | Contact Title Member                               |                            |                       |  |
| Street Address 1 Hall Street                         |                     |  | City Warwick                                       | State RI                   | <sup>Zıp</sup> 02818  |  |
| 8. List ALL managers (nam                            | es and addresses    | s) 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                      | Zıp                   |  |
|  |                     | <u>l</u>   |  | Check the box to i         | ndicate an attachment |  |
| 9. Resident Agent in Rhode                           | Island. This inform | nation is currently  | of record with the Department of St                | ate. Changes require filir | ng Form 642.          |  |
| Under penalty of perjury, statements, and that all s |                     |  | examined this report, includi<br>true and correct. | ng any accompanyin         | g schedules and       |  |
| Name of Authorized Person                            |                     |  |  | Date                       |                       |  |
| Gary N. Blier, Member                                |                     |  |  |                            | 01117                 |  |
| Signature of Authorized Per                          | rson                | 4 (S.C.)   | WDOCUMENTH ERE                                     |                            |                       |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov

FORM 632 - Revised: 08/2017