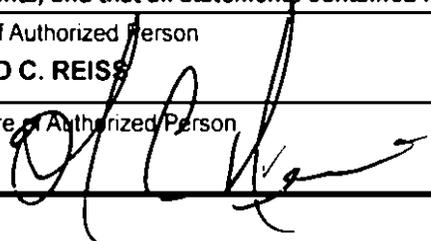




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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.

|   |                    |  |   |                                |                     |
|---|--------------------|--|---|--------------------------------|---------------------|
| 1. Entity ID Number<br><b>535724</b>  |                    | 2. Exact name of the Limited Liability Company<br><b>492 South Main Street Realty, LLC</b>                                     |   |                                |                     |
| 3. NAICS Code<br><b>53-Real Estate Rental/Leas</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Ownership and management of real estate.</b> |   |                                |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |                    | <b>531311</b>  |   |                                |                     |
| 6. Principal Office Address<br><b>220 Woonasquatucket Avenue</b>  |                    |  | City<br><b>North Providence</b>                       | State<br><b>RI</b>             | Zip<br><b>02911</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |  |   |                                |                     |
| Contact Name<br><b>DAVID C. REISS</b>   |                    |  | Contact Title<br><b>EXECUTIVE DIRECTOR OF MANAGER</b> |                                |                     |
| Street Address<br><b>310 Maple Avenue, Suite 102</b>  |                    |  | City<br><b>Barrington</b>                             | State<br><b>RI</b>             | Zip<br><b>02806</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |                    |  |   |                                |                     |
| Manager Name<br><b>THE FOGARTY CENTER</b>   |                    |  | Manager Name  |                                |                     |
| Street Address<br><b>220 Woonasquatucket Avenue</b>   |                    |  | Street Address  |                                |                     |
| City<br><b>North Providence</b>   | State<br><b>RI</b> | Zip<br><b>02911</b>  | City  | State                          | Zip                 |
| Manager Name  |                    |  | Manager Name  |                                |                     |
| Street Address  |                    |  | Street Address  |                                |                     |
| City  | State              | Zip  | City  | State                          | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |  |   |                                |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |                    |  |   |                                |                     |
| <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.</b> |                    |  |   |                                |                     |
| Name of Authorized Person<br><b>DAVID C. REISS</b>  |                    |  |   | Date<br><b>October 12 2017</b> |                     |
| Signature of Authorized Person<br>   |                    |  |   | 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

OCT 18 2017  
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