SI SI	tate of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presci penalty fee of \$25.00.		7 -
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000488385</u>			
2. Exact Name of the Lin	nited Liability Company PAPI RE	ALTY, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	code that best describes the primary	ousiness conducted by	the entity. Download
-	e information on <u>NAICS</u> can be found	-	<i>i</i> the entity. Download
the list of codes <u>here.</u> More		online.	
the list of codes <u>here.</u> More <u>531311</u> 4. Brief Description of the	e information on <u>NAICS</u> can be found	online.	
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the list of codes here. More <u>531311</u> 4. Brief Description of the <u>REAL ESTATE MANAC</u> 5. Principal Office Address No. and Street: <u>66 D</u> City or Town: <u>CRA</u> 6. Mailing Address of Lim Contact Name: <u>DENISE</u> No. and Street: <u>102 A</u> City or Town: <u>CRA</u> 7. Name and Address of DO NOT LIST MEMBER	e information on <u>NAICS</u> can be found e Character of the Business Which <u>GEMENT.</u> <u>SS</u> <u>UNEDIN STREET</u> <u>NSTON</u> State: nited Liability Company and Name <u>A. PAPAZIAN</u> Contact Title: <u>MANA</u> <u>ANGELL AVENUE</u> <u>NSTON</u> State Each Manager of the Limited Liab S	is Actually Conducted is Actually Conducted RI Zip: 02920 or Title of Contact P GER : RI Zip: 02920 ility Company, if App Address, City or Town, 3	ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u> blicable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STEPHEN J. DIGIANFILIPPO, ESQ. 50 PARK ROW WEST, SUITE 111 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2017 at 4:17:47 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By **DENISE PAPAZIAN**

Signature of Authorized Person

Form No. 632 Revised 09/07

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