



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

**STAMP**

STATE  
SECRETARY OF STATE  
PROVIDENCE, RHODE ISLAND

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>103594</b>  |                    | 2. Exact name of the Limited Liability Company<br><b>Meritage Realty, LLC</b>                             |      |                         |                     |
| 3. NAICS Code<br><b>531190</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Holding</b> |      |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |                    |   |      |                         |                     |
| 6. Principal Office Address<br><b>5454 Post Road</b>  |                    | City<br><b>East Greenwich</b>   |      | State<br><b>RI</b>      | Zip<br><b>02818</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |   |      |                         |                     |
| Contact Name<br><b>Alfred K. Castiglioni</b>  |                    | Contact Title   |      |                         |                     |
| Street Address<br><b>5454 Post Road</b>   |                    | City<br><b>East Greenwich</b>   |      | State<br><b>RI</b>      | Zip<br><b>02818</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |                    |   |      |                         |                     |
| Manager Name<br><b>Alfred K. Castiglioni</b>  |                    | Manager Name  |      |                         |                     |
| Street Address<br><b>5454 Post Road</b>   |                    | Street Address  |      |                         |                     |
| City<br><b>East Greenwich</b>   | State<br><b>RI</b> | Zip<br><b>02818</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>Alfred K. Castiglioni</b>   |                    |   |      | Date<br><b>10/21/17</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

**FILED**

OCT 31 2017

BY

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