RI SOS Filing Number: 201754203190 Date: 11/29/2017 4:00:00 PM

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.

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| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|--|---|----------------------|-----------------------|----------------------|----------------------|--|--|
| 796720 | 1277 Realty, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531120 | Real Estate | | | | | | |
| 5. State of Formation | 1 | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | <u></u> | | City | State | Zip | | |
| 325C Scituate Avenue | | | Cranston | RI | 02921 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Gloria R. Manzotti | | | Contact Title Manager | | | | |
| Street Address 325C Scituate Avenue | | City Cranston | State RI | ^{Zip} 02921 | | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name Gloria R. Manzotti | | | Manager Name | | | | |
| Street Address 325C Scituate Avenue | | | Street Address | | | | |
| City Cranston | State RI | ^{Zip} 02921 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | | Check the box to in | dicate 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 / / | | | | | | | |
| Gloria R. Manzotti | | | | | | | |
| Signature of Authorized Person | | | | | | | |
| Lorea R. Manyste | | | | | | | |
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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

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