

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 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 Lia	bility Company				
118718	2. Exact name of the Limited Liability Company るいち しってと トンとれいと 上上						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
331310							
5. State of Formation	Real Estile Holding						
		,	-				
Rhide Island	<u> </u>		City	<u> </u>			
6. Principal Office Address				State	Zip		
311 Page B	51		2/496	$ \mathcal{H} $	01104		
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person				
Contact Name			Contact Title				
Michael Vinick Street Address			Maga	State State	Zip		
311 Bage Blue			city SQL/2	EM	U1104		
8. List ALL managers (names a	nd addresses) of	the Limited Liab	lity Company, IF APPLICA	ABLE - DO NOT LIST M	EMBERS		
Manager Name			Manager Name				
Roxald Eckman			Street Address				
311 Dage B112			311 Page Blid				
City 501/2	State	Zip O//OH	city 50\$15	State	Zip CNO-		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	1			Check the box to in	dicate an attachment		
9. Resident Agent in Rhode Isla	nd. This information	on is currently of rec	ord with the Department of S	tate. Changes require filing	Form 642.		
Under penalty of perjury, I de statements, and that all states	clare and affirm ments contained	that I have exam d herein are true	nined this report, include and correct.	ing any accompanying	schedules and		
Name of Authorized Person				Date			
Michael Vinick Signature of Authorized Person (JD)				[]3',	1.17		
Signature of Authorized Person	MALL	4	FILE	D			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 0 5 2017
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