RI SOS Filing Number: 201859918340 Date: 3/8/2018 4:00:00 PM

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.					SECRETARY OF CORPORATION 2018 MAR -8
					至 X() S()
1. Entity ID Number		e of the Limited Lia	· · · · · · · · · · · · · · · · · · ·		- 7
000789787	1	+ L Pro			
3. NAICS Code 53///0	4. Brief description of the character of business conducted in Rhode Island REALTY HOLDIN G-				
5. State of Formation					
6. Principal Office Address			City	State	Zıp
870 OAKlain	Aure, Cu	,	Cranson	M	02920
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name BRUCE O. LANE			Contact Title		1_
Street Address 870 OKLAWN AVE.			CRANSTON	State R1	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name FRANK PAOLINO			Manager Name BRUCE LANE		
Street Address NEW LONDON WE.			Street Address 870 OAKLAWN AVE.		
CRANSTON	State	^{Zip} 02920	CRANSTON	State	02920
Manager Name	1 1		Manager Name	1 1 2	1 0000
Street Address			Street Address		
City	State	Zip	City	State	Ζιρ
Check the box to indicate 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 Bry D. Lang ment, Date 3/5/14					
Signature of Authorized Person					
FILED					
MAIL TO: Division of Business Services					
148 W. River Street, Providence, Rhode Island 02904-2615			MAR 0 8 2018		
Phone: (401) 222-3040 Website: www.sos.ri.gov			By326173		