



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

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

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>315844</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>SM REALTY COMPANY, LLC</b>                              |                                       |                         |                     |
| 3. NAICS Code<br><b>531311</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE MANAGEMENT</b> |                                       |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                              |                                       |                         |                     |
| 6. Principal Office Address<br><b>1553 ELMWOOD AVENUE</b>                                                                                                                                                   |       |                                                                                                              | City<br><b>CRANSTON</b>               | State<br><b>RI</b>      | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                              |                                       |                         |                     |
| Contact Name <b>Steven A. Moretti, Esq.</b>                                                                                                                                                                 |       |                                                                                                              | Contact Title <b>Registered Agent</b> |                         |                     |
| Street Address <b>1140 Reservoir Avenue</b>                                                                                                                                                                 |       |                                                                                                              | City <b>Cranston</b>                  | State <b>RI</b>         | Zip <b>02920</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                              |                                       |                         |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                              | Manager Name                          |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                              | Street Address                        |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                          | 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.                                                                   |       |                                                                                                              |                                       |                         |                     |
| <i>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.</i> |       |                                                                                                              |                                       |                         |                     |
| Name of Authorized Person<br><b>STEVEN E. MAROCCO</b>                                                                                                                                                       |       |                                                                                                              |                                       | Date<br><b>11/30/17</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**

**MAY 29 2018**

BY

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