



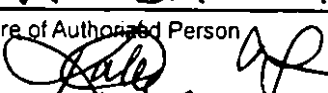
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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2018 AUG -2 PM 12:45

Annual Report for the year: 2018  
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>798471</b>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><b>ROYALTY REALTY LLC</b>                       |                             |                                           |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |                             |                                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                   |       |                                                                                                   |                             |                                           |                     |
| 6. Principal Office Address<br><b>259 SOUTH CLARENDON ST</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<br><b>NIGEL FUBARA</b>                                                                                                                                                                  |       |                                                                                                   | Contact Title<br><b>CEO</b> |                                           |                     |
| Street Address<br><b>259 SOUTH CLARENDON ST</b>                                                                                                                                                      |       | City<br><b>CRANSTON</b>                                                                           |                             | State<br><b>RI</b>                        | Zip<br><b>02910</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.                                                            |       |                                                                                                   |                             |                                           |                     |
| 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<br><b>KALADA NIGEL FUBARA</b>                                                                                                                                              |       |                                                                                                   |                             | Date<br><b>AUGUST 2<sup>ND</sup> 2018</b> |                     |
| Signature of Authorized Person<br> SIGN DOCUMENT HERE                                                             |       |                                                                                                   |                             |                                           |                     |

FILED

AUG 02 2018

BY

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MAIL TO:  
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