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	tate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet 04-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000933146</u>	<u>.</u>		
2. Exact Name of the Lir	nited Liability Company <u>A&amp;L RE</u>	ALTY, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary information on <u>NAICS</u> can be found		the entity. Download
the list of codes <u>here.</u> More	e information on <u>NAICS</u> can be found	online.	
the list of codes <u>here.</u> More		online.	
the list of codes <u>here.</u> More	e information on <u>NAICS</u> can be found	online.	
the list of codes <u>here.</u> More <u>531120</u> 4. Brief Description of the	e information on <u>NAICS</u> can be found	online.	
the list of codes here. More <u>531120</u> 4. Brief Description of the <u>REAL ESTATE</u> 5. Principal Office Address No. and Street: <u>931</u>	e information on <u>NAICS</u> can be found	online.	
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LOUISE PAOLUCCI 931 SMITH STREET PROVIDENCE, RI 02908

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 17 Day of August, 2018 at 1:29:18 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By LOUISE PAOLUCCI

Signature of Authorized Person

Form No. 632 Revised 09/07

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