



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



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 153735 | | 2. Exact name of the Limited Liability Company ALEEDE REALTY, LLC | | | |
| 3. NAICS Code 531120 | | 4. Brief description of the character of business conducted in Rhode Island ownership and development of real estate | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 79 Putnam Avenue, #4 | | City Johnston | State RI | Zip 02919-0000 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Demetrius D. Sampalis | | | Contact Title Manager | | |
| Street Address 79 Putnam Avenue, #4 | | City Johnston | State RI | Zip 02919-0000 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Demetrius D. Sampalis | | Manager Name Valerie B. Sampalis | | | |
| Street Address 11 Betsy Williams Circle | | Street Address 11 Betsy Williams Circle | | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 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 Demetrius D. Sampalis | | | Manager | | Date 09/04/2018 |
| Signature of Authorized Person <i>Demetrius D. Sampalis</i> | | 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 *[Signature]*
 SEP 04 2018
 BY 19510