**State of Rhode Island
and Providence Plantations**
Department of State – Business Services Division

*148 W. River Street
Providence, RI 02904-2615
401.222.3040*

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___2018___

Filing Period: September 1 - November 1 • Filing Fee: $50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company	3. NAICS Code
107242	FX REALTY, LLC	531312

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
Own, manage and operate real estate.	Rhode Island

6. Principal office address	City	State	Zip
17 Talia Court	Narragansett	RI	02882

7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Francis X. Figueroa, M.D.	Manager		

Street Address	City	State	Zip
17 Talia Court	Narragansett	RI	02882

8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>
FILL IN SPACES BEFORE USING ATTACHMENTS   ("X" BOX FOR ATTACHMENT) ☐

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

9. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.

FILED

SEP 1 0 2018

BY 1060 ___

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

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

_____   9-1-18
Signature of Authorized Person   *Date*

Francis X. Figueroa, M.D., Manager

_____
Print or Type Name of Authorized Person

Form 632 Rev. 08/08