



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.

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|---|--------------------|---|---------------------------------|--------------------|--|--|
| 1. ID No. 484671 | | 2. Exact name of the limited liability company Franco Realty, LLC | | | 3. NAICS Code 531212 | |
| 4. Brief description of the character of the business which is actually conducted in Rhode Island To own, manage, and operate real estate. | | | | | 5. State of Formation Rhode Island | |
| 6. Principal office address 17 Talia Court | | | City Narragansett | State RI | Zip 02882 | |
| 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | | |
| Contact Name Francis X. Figueroa | | | Contact Title Manager | | | |
| Street Address 17 Talia Court | | | City Narragansett | State RI | Zip 02882 | |
| 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | |
| Manager Name Francis X. Figueroa, M.D. | | | Manager Name | | | |
| Street Address 17 Talia Court | | | Street Address | | | |
| City Narragansett | State RI | Zip 02882 | 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

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

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.

Signature of Authorized Person

Date

Francis X. Figueroa, Manager

Print or Type Name of Authorized Person

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