



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. 713049	2. Exact name of the limited liability company 5 Boys Realty, LLC			3. NAICS Code 531312		
4. Brief description of the character of the business which is actually conducted in Rhode Island To purchase, hold, develop, sell, and rent real estate and for any other lawful purpose.				5. State of Formation Rhode Island		
6. Principal office address 325 Angell Street		City Providence	State RI	Zip 02906		
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name Emily B. Spurrell		Contact Title Authorized Person				
Street Address 325 Angell Street		City Providence	State RI	Zip 02906		
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) ☐						
Manager Name Emily B. Spurrell		Manager Name				
Street Address 325 Angell Street		Street Address				
City Providence	State RI	Zip 02906	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.						

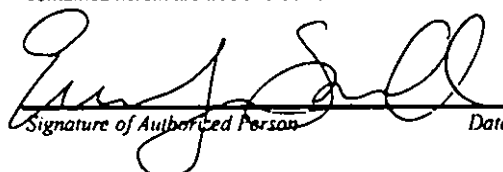
FILED

SEP 10 2018

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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.

 8/27/18
Signature of Authorized Person Date

Emily B. Spurrell, Authorized Person

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY