RI SOS Filing Number: 201877221310 Date: 9/12/2018 4:00:00 PM

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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  | 2. Exact name of the Limited Liability Company                              |                      |                                  |          |                                       |  |
|--|---|----------------------|----------------------------------|----------|---------------------------------------|--|
| 135627   | DELISI PROPERTY MANAGEMENT ( , LLC  |                      |                                  |          |                                       |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                      |                                  |          |                                       |  |
| 531120   | TO ENGAGE IN REAL ESTATE  |                      |                                  |          |                                       |  |
| 5. State of Formation  | •   |                      |                                  |          |                                       |  |
| RI   |   |                      |                                  |          |                                       |  |
| 6. Principal Office Address  |   |                      | City                             | State    | Zıp                                   |  |
| 1308 ATWOOD AVENUE   |   |                      | JOHNSTON                         | RI       | 02919                                 |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                      |                                  |          |                                       |  |
| Contact Name DAVID J LUCIER  |   |                      | Contact Title MEMBER             |          |                                       |  |
| Street Address 1308 ATWOOD AVENUE  |   |                      | City JOHNSTON                    | State RI | <sup>Zip</sup> 02919                  |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |                      |                                  |          |                                       |  |
| Manager Name DAVID J LUCIER  |   |                      | Manager Name LEO J DELISI        |          |                                       |  |
| Street Address 1308 ATWOOD AVENUE  |   |                      | Street Address 1308 AWOOD AVENUE |          |                                       |  |
| City JOHNSTON  | State RI  | <sup>Zip</sup> 02919 | City JOHNSTON                    | State RI | <sup>Zıp</sup> 02919                  |  |
| Manager Name N/A   |   |                      | Manager Name N/A                 |          |                                       |  |
| Street Address   |   |                      | Street Address                   |          |                                       |  |
| City   | State   | Zip                  | City                             | State    | Zip                                   |  |
| Check the box to indicate an attachment  |   |                      |                                  |          |                                       |  |
| Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |   |                      |                                  |          |                                       |  |
| 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. |   |                      |                                  |          |                                       |  |
| Name of Authorized Person Date   |   |                      |                                  |          |                                       |  |
| DAVID J LUCIER   |   |                      |                                  |          |                                       |  |
| Signature of Authorized Person  SIGN VALUE OF AUTHORIZED   |   |                      |                                  |          |                                       |  |
| $\sim$   | JV  |                      |                                  |          | · · · · · · · · · · · · · · · · · · · |  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 字: ED

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