



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

**FILED**

SEP 10 2018

BY 1021

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 <b>983039</b>		2. Exact name of the Limited Liability Company <b>Andrade/Lisa Realty, LLC</b>			
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island  <b>to own, develop, and invest in real estate</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>5 Benefit Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904-0000</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Carl B. Lisa</b>		Contact Title <b>Manager</b>			
Street Address <b>5 Benefit Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904-0000</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Carl B. Lisa</b>		Manager Name <b>Manuel S. Andrade</b>			
Street Address <b>5 Benefit Street</b>		Street Address <b>5 Benefit Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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 <b>Carl B. Lisa</b>			Manager <b>Manager</b>		Date <b>09/04/2018</b>
Signature of Authorized Person 		SIGN DOCUMENT HERE			

**MAIL TO:**  
**Division of Business Services**  
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 Website: www.sos.ri.gov