State of Rhode Island and Providence Plantations

State of Rhode is	Hand and Providen	ce Plantations		_		
(Department	of State - Bus	siness Servi	ices Division			
1.	20	10				
Annual Report for t	the year: <u>40</u>	10				
Limited Liability Co	ompany					
-> Filing period: Septe	mber 1 - Novemi	ber 1				
→ Filing Fee: \$50.00 → Penalty: Additional \$	25 00 fee if form	ie not filad by De	soamhar 1	_		
Tellany. Additional a)23.00 lee ii luriii l	is not mod by be	scomper 1.			
1. Entity ID Number	2. Exact na	me of the Limite	d Liability Company			
690441		750 Realty Associates, LLC				
3. NAICS Code				d in Ohada Jaland		
			naracter of business conducted property and any other acts or	· · · · · · · · · - · · - · · - · · - ·	permissible by law	
531120		•		3	,	
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
383 Smithfield Avenue			Pawtucket	RI	02860	
7. Mailing Address of Limit	ted Liability Compa	any and Name or	Title of Contact Person			
Contact Name Guido J. Petrosinelli			Contact Title Manager of Member			
Street Address 383 Smithfield Avenue			City Pawtucket	Stele RI	Zip 02860	
8. List ALL managers (na	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Addres*			Street Address	Street Address		
City	State	Zip	City	State	Zlp	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhoo	de Island. This infor	mation is currently (of record with the Department of S	Rate. Changes require fil	ing Form 642.	
Under penalty of perjury statements, and that all			examined this report, includi true and correct.	ing any accompanyl	ng schedules and	
Name of Authorized Person				Date	3/10/11	
Guido J. Petrosinelli					11411X	
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rt.gov

Signature of Authorized Person

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