| S   | tate of Rhode Island and Pro<br>Office of the Secreta   |  | Fee: \$50.00    |
|---|---|--|-----------------|
|   | Division Of Business<br>148 W. River St<br>Providence RI 0290   | reet   |                 |
| HOPE  | (401) 222-304   |  |                 |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1  |   |  |                 |
|   | 7-16-66(d), each limited liability comp<br>in thirty (30) days after the time presci<br>penalty fee of \$25.00. |  |                 |
| ANNUAL REPORT YEAR:   | <u>2018</u>   |  |                 |
| <b>1. ID No.</b> <u>000124915</u>   |   |  |                 |
| 2. Exact Name of the Limited Liability Company PACT REALTY LLC  |   |  |                 |
| 3. State of Formation   |   |  |                 |
| State: <u>RI</u>  |   |  |                 |
|   |   |  |                 |
| -   | Code that best describes the primary e information on <u>NAICS</u> can be found                                 |  | ity. Download   |
|   | e Character of the Business Which   | is Actually Conducted in Ph                  | ode Island      |
|   | e character of the Dusiness Which   |  |                 |
| <u>REAL ESTATE</u>  |   |  |                 |
| 5. Principal Office Addre   | SS  |  |                 |
| No. and Street: 7 Q   | LD GREAT ROAD   |  |                 |
| · · · · · · · · · · · · · · · · · · ·   | COLN State:   | <u>RI</u> Zip: <u>02865</u> Coun             | try: <u>USA</u> |
| 6. Mailing Address of Li  | nited Liability Company and Name  | or Title of Contact Person:                  |                 |
| Contact Name: Contact   | Title:  |  |                 |
|   | D GREAT ROAD  |  |                 |
| City or Town: LINC  | COLN State:   | <u>RI</u> Zip: <u>02865</u> Coun             | try: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS |   |  |                 |
| Title   | Individual Name   | Address                                      |                 |
|   | First, Middle, Last, Suffix   | Address, City or Town, State, Zip            | Code, Country   |
| MANAGER   | PAUL L GIRARD   | 31 RIDGE DRIVE<br>NARRAGANSETT, RI 02882 USA |                 |
| MANAGER   | ANDRE GIRARD  | 138 WHIPPLE RD                               |                 |

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT D. GOLDBERG 226 COTTAGE STREET PAWTUCKET , RI 02860

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

**Signed this 17 Day of October, 2018 at 2:26:02 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>ANDRE GIRARD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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