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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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Annual Report for the year:

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.

3. NAICS Code 531311  8. Brief description of the character of business conducted in Rhode Island Real estate management.  5. State of Formation Rhode Island 6. Principal Office Address 1001 Reservoir Avenue 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Stephen J. DiGianfillippo, Esq.  City Providence  State RI  Zip 02903  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Brad F. Sacco, CPA  Manager Name Street Address 1001 Reservoir Avenue  City Cranston  State RI  Zip 02910  City Cranston  State Zip  City Cranston  Manager Name  Street Address  Street Address  Street Address  Street Address  City Cranston  State Zip  City State  Zip  Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 842.  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 Brad F. Sacco  Signature Mauthorized Person  SIGN DOCUMENT HERE	1. Entity ID Number <b>571960</b>		2. Exact name of the Limited Liability Company RBC PROPERTIES, LLC					
5. State of Formation Rhode Island  6. Principal Office Address 1001 Reservoir Avenue  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Stephen J. DiGianfillippo, Esq.  City Providence  State Ri  Zip 02910  Contact Title Attorney  Street Address 50 Park Row West, Suite 111  City Providence  State Ri  Zip 02903  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Brad F. Sacco, CPA  Manager Name  Street Address 1001 Reservoir Avenue  City Cranston  State Ri  Zip 02910  City State Zip  Manager Name  Street Address  Street Address  City State Zip  Check the box to indicate an attachment 9. 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  Brad F. Sacco  City Date  Check The Dox to indicate 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  Fig. 219  Date  Fig. 220  City State  Zip  Check the box to indicate and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
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Brad F. Sacco  /U- 9-18 Signature effautbåruled Person					ng any accompanyir	ng schedules and		
Signature effAuttiåruleri Person	Name of Authorized Person	Date						
Signature of Authorized Person SIGN DOCUMENT HERE	Brad F. Sacco				_/0	- 9-18		
/xy rem	Signature of Authorized Person	on	SIGN (	DOCUMENT HERE				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 8 2018 11:50

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