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.

| FILED | STAMP |
|-------------|---------------------------------------|
| OCT 31 2018 | FOR SECRETARY OF STATE USE ONLY |
| () (X | |

| Entity ID Number | 2 Evact na | me of the Limited | Liability Company | | | |
|--|--|-----------------------|---|---------------------------------------|------------------------|--|
| 000149315 | 2. Exact name of the Limited Liability Company THE GREEN REALTY, LLC | | | | | |
| 3 NAICS Code | 4 Brief description of the character of business conducted in Rhode Island | | | | | |
| 531390 | REAL ESTATE | | | | | |
| 5. State of Formation | | | | | | |
| RHODE ISLAND | | | | | | |
| 6 Principal Office Address | | | City | State | Zip | |
| 1272 WEST MAIN ROAD | | | MIDDLETOWN | RI | 02842 | |
| 7. Mailing Address of Limited Lia | bility Compar | ny and Name or 1 | | · · · · · · · · · · · · · · · · · · · | ' | |
| Contact Name ROBERT J. KIELBASA | | | Contact Title MEMBER | | | |
| Street Address 1272 WEST MAIN ROAD | | City MIDDLETOWN | State RI | ^{Zip} 02842 | | |
| 8. List ALL managers (names a | nd addresses |) of the Limited L | iability Company, IF APPLICABL | .E - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zıp | City | State | Zıp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zıp | |
| | <u> </u> | | | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode Islai | nd. This inform | ation is currently of | record with the Department of State | . Changes require fili | ng Form 642. | |
| Under penalty of perjury, I dec statements, and that all staten | | | xamined this report, including rue and correct. | any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | , , | |
| ROBERT J. KIELBASA | | | 10, | 10/3/18 | | |
| Signature of Authorized Person 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