RI SOS Filing Number: 201882982420 Date: 12/20/2018 11:07:00 AM

Annual Report for t Limited Liability Co → Filing period: Septe → Filing Fee: \$50.00	ne year: 2017 mpany	CORPORATIONS DIV	R.I. DEPT. OF STA BUS SVCS DIV
1. Entity ID Number	2. Exact name of the Limited Liabi		F 17

1. Entity ID Number 001657039	1		d Liability Company . REALTY, LLC		ή. Ε		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531390	REAL ESTATE.						
5. State of Formation			•		·		
RI							
6. Principal Office Address			City	State	Zip		
12 TUCKER HOLLOW ROAD			FOSTER	RI	02825		
7. Mailing Address of Limited Lia	•	ny and Name or		•	<u> </u>		
Contact Name ANTHONY CAMBIO			Contact Title MEMBER	Contact Title MEMBER			
Street Address 12 TUCKER HOLLOW ROAD			City FOSTER	State RI	^{Z_ip} 02825		
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to in	ndicate an attachment		
9. Resident Agent in Rhode Islan	id. This inform	ation is currently o	if record with the Department of St	late. Changes require filin	g Form 642.		
Under penalty of perjury, I dec statements, and that all statem			• •	ng any accompanying	g schedules and		
Name of Authorized Person	-	Date					
ANTHONY CAMBIO				11-6	/s-/-		
Signature of Authorized Person		SIGN	N 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 FILED _ 11.07

BY an QMGAM