



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
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

 AUG 22 2019
 FOR SECRETARY OF STATE USE ONLY
 BY 1172 DS

| | | | | | |
|---|-------------|---|--|-------------------|--------------------|
| 1. Entity ID Number 814988 | | 2. Exact name of the Limited Liability Company ARRUDA REALTY, LLC | | | |
| 3. NAICS Code 531120 | | 4. Brief description of the character of business conducted in Rhode Island the ownership and development of real property | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 484 Taunton Avenue | | City East Providence | State RI | Zip 02914-0000 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Antonio A. Arruda | | Contact Title Manager | | | |
| Street Address 484 Taunton Avenue | | City East Providence | State RI | Zip 02914-0000 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Antonio A. Arruda | | Manager Name | | | |
| Street Address 21 Jane Howland Place | | Street Address | | | |
| City Seekonk | State MA | Zip 02771 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 Antonio A. Arruda | | | Manager | | Date 09/03/2019 |
| Signature of Authorized Person <i>Antonio A. Arruda</i> | | | SIGN DOCUMENT HERE <i>Antonio A. Arruda</i> | | |

MAIL TO:

Division of Business Services

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