

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**

SEP 03 2019

BY

*1126 DS*

|                                                                                                                                                                                                             |       |                                                                                                       |      |                        |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------|------|------------------------|---------------------|
| 1. Entity ID Number<br><b>000812190</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>Erna Realty LLC</b>                              |      |                        |                     |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><br><b>Real estate</b> |      |                        |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                       |      |                        |                     |
| 6. Principal Office Address<br><b>6 Blackstone Valley Place Suite 107</b>                                                                                                                                   |       | City<br><b>Lincoln</b>                                                                                |      | State<br><b>RI</b>     | Zip<br><b>02865</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                       |      |                        |                     |
| Contact Name                                                                                                                                                                                                |       | Contact Title<br><b>CPA</b>                                                                           |      |                        |                     |
| Street Address<br><b>6 Blackstone Valley Place-Suite 107</b>                                                                                                                                                |       | City<br><b>Lincoln</b>                                                                                |      | State<br><b>RI</b>     | Zip<br><b>02865</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                       |      |                        |                     |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                          |      |                        |                     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                        |      |                        |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                   | 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.                                                                   |       |                                                                                                       |      |                        |                     |
| <i>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.</i> |       |                                                                                                       |      |                        |                     |
| Name of Authorized Person<br><b>Gerald R. Piette</b>                                                                                                                                                        |       |                                                                                                       |      | Date<br><b>8/26/19</b> |                     |
| Signature of Authorized Person<br><i>Gerald R. Piette</i>                                                                                                                                                   |       |                                                                                                       |      |                        |                     |

**MAIL TO:**

**Division of Business Services**

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

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