	State of Rhode Island and Providence Plantations	
	Office of the Secretary of State	Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE	(401) 222-3040	
Limited Liability Com	npany	
Annual Report Filing Period: September 1	- November 1	
	7-16-66(d), each limited liability company failing or refusing	
to file its annual report with 16-66(b&c)) is subject to a	nin thirty (30) days after the time prescribed by law (R.I.G.L. 7- penalty fee of \$25.00.	
ANNUAL REPORT YEAR	: <u>2019</u>	
1. ID No. <u>00166917</u>	<u>'8</u>	
2. Exact Name of the Li	imited Liability Company Alta Realty Company, LLC	
3. State of Formation		
State: <u>DE</u>		
-	Code that best describes the primary business conducted by the re information on <u>NAICS</u> can be found online.	entity. Download
4. Brief Description of the	he Character of the Business Which is Actually Conducted in	Rhode Island
4. Brief Description of th JOINT VENTURE ANI		Rhode Island
	D TITLE COMPANY	Rhode Island
JOINT VENTURE ANI	D TITLE COMPANY ess	Rhode Island
JOINT VENTURE ANI	D TITLE COMPANY ess ISCONSIN AVENUE SUITE 1012	
JOINT VENTURE ANI 5. Principal Office Addre No. and Street: 7101 W City or Town: BETHE	D TITLE COMPANY ess ISCONSIN AVENUE SUITE 1012	<u>4</u> Country: <u>USA</u>
JOINT VENTURE AND 5. Principal Office Addres No. and Street: 7101 W City or Town: BETHES 6. Mailing Address of Li	D TITLE COMPANY ess ISCONSIN AVENUE SUITE 1012 SDA State: MD Zip: 2081 imited Liability Company and Name or Title of Contact Perso	<u>4</u> Country: <u>USA</u>
JOINT VENTURE ANI 5. Principal Office Addre No. and Street: 7101 W City or Town: BETHE 6. Mailing Address of Li Contact Name: Contact No. and Street: 7101 W	D TITLE COMPANY ess ISCONSIN AVENUE SUITE 1012 SDA State: MD Zip: 2081 imited Liability Company and Name or Title of Contact Perso Title: ISCONSIN AVENUE SUITE 1012	<u>4</u> Country: <u>USA</u> n:
JOINT VENTURE ANI 5. Principal Office Addre No. and Street: 7101 W City or Town: BETHES 6. Mailing Address of Li Contact Name: Contact	D TITLE COMPANY ess ISCONSIN AVENUE SUITE 1012 SDA State: MD Zip: 2081 imited Liability Company and Name or Title of Contact Perso Title: ISCONSIN AVENUE SUITE 1012	<u>4</u> Country: <u>USA</u> n:
JOINT VENTURE ANI 5. Principal Office Addres No. and Street: 7101 W City or Town: BETHES 6. Mailing Address of Li Contact Name: Contact No. and Street: 7101 W Contact Name: Contact No. and Street: 7101 W City or Town: BETHES	D TITLE COMPANY ess ISCONSIN AVENUE SUITE 1012 SDA State: MD Zip: 2081 imited Liability Company and Name or Title of Contact Perso Title: ISCONSIN AVENUE SUITE 1012 SDA State: MD Zip: 2081 f Each Manager of the Limited Liability Company, if Applical	<u>4</u> Country: <u>USA</u> n: <u>4</u> Country: <u>USA</u>
JOINT VENTURE ANI 5. Principal Office Address No. and Street: 7101 W City or Town: BETHES 6. Mailing Address of Li Contact Name: Contact No. and Street: 7101 W City or Town: BETHES 7. Name and Address of	D TITLE COMPANY ess ISCONSIN AVENUE SUITE 1012 SDA State: MD Zip: 2081 imited Liability Company and Name or Title of Contact Perso Title: ISCONSIN AVENUE SUITE 1012 SDA State: MD Zip: 2081 f Each Manager of the Limited Liability Company, if Applical	<u>4</u> Country: <u>USA</u> n: <u>4</u> Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of September, 2019 at 10:19:13 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL NICCOLINI

Signature of Authorized Person

Form No. 632 Revised 09/07

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