	atate of Rhode Island and Providence Plantations Office of the Secretary of State			DNS Fee: \$50.00
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615 (401) 222-3040				
	. ,			
Limited Liability Company Annual Report				
Filing Period: September	1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2019				
1. ID No. <u>001673167</u>				
2. Exact Name of the Limited Liability Company <u>RI Real, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>531390</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
THE PURPOSE OF THE COMPANY IS TO BE THE SOLE MEMBER OF A TURKS AND				
CAICOS LIMITED LIABILITY COMPANY THAT INVESTS IN TURKS AND CACIOS REAL ESTATE.				
5. Principal Office Addr	ess			
No. and Street: 38	80 OCEAN ROAD			
City or Town: <u>N</u>	ARRAGANSETT	State: <u>R</u>	<u>I</u> Zip: <u>02882</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: DANIEL A. DIPRETE Contact Title: MD				
No. and Street: <u>380 OCEAN ROAD</u> City or Town: <u>NARRAGANSETT</u> State: <u>RI</u> Zip: <u>02882</u> Country: <u>US</u>				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		hA	dress
	First, Middle, Last, Suffi	(State, Zip Code, Country

DANIEL A DIPRETE

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>JOSEPH A. AVANZATO, ESQUIRE</u> <u>ADLER POLLOCK & SHEEHAN P.C.</u> <u>ONE CITIZENS PLAZA, 8TH</u> <u>FL.</u> <u>PROVIDENCE</u>, <u>RI</u> 02903

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

Signed this 17 Day of September, 2019 at 2:51:17 PM 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 DANIEL A. DIPRETE, MD

Signature of Authorized Person

Form No. 632 Revised 09/07

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