STAMP

*U

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.

1. Entity ID Number	1 .	2. Exact name of the Limited Liability Company				
000147064	FDE	FDEP Realty LLC				
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island,				
531120	buy, our operate lease					
5. State of Formation	700	00 y 100 1 0 00 00				
RI	réaleon te					
6. Principal Office Address			City	State	Zip	
1445 Wampan	oog Tr	Unit 205	E. Prov	RI	02915	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Loyce A Alves			Contact Title President			
Street Address 1445 Wa m	oanoay	Tr #205	City E. Prov	State 1	Zip 02915	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name .			Manager Name James Schwartz			
Street Address			Street Address Same			
City	State	Zip	City	Stale	Zip	
Manager Name		•	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	1			Check the box to in-	dicate an attachment	
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				Dale	1 1	
James Schwartz					11/19	
Signature of Authorized Person SIGNATURE SIGNATURE						
			ð	Fii	FD	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 1 6 2019

FORM 32 - Revised: 10/2017