RI_SOS Filing Number: 201922498270 Date: 10/3/2019 4:00:00 PM RFCEIVED

R.I. DEPT. OF STATE

BUS SVCS DIV

1 7019 OCT -3 A 10: 12



Annual Report for the year: 2019

imited Liability Co	*** **********************************									
 → Filing period: Septer → Filing Fee: \$50.00 → Penathr: Additional \$ 				_						
→ Penalty: Additional \$.	25.00 lee ir lorm is	я пот піва ву шеск	ember 1.							
. Entity ID Number 000104544		2. Exact name of the Limited Liability Company OCEAN STATE REALTY LLC								
NAICS Code	4. Brief desc	Brief description of the character of business conducted in Rhode Island								
31110	TO BUY MA	TO BUY MANAGE, DEVELOP, FINANCE, RENT AND SELL REAL ESTATE								
5. State of Formation RHODE ISLAND										
6. Principal Office Address			City	State	Zip					
22 BROADWAY			PROVIDENCE	RI	02909					
. Mailing Address of Limit		y and Name or Tit	tle of Contact Person							
Contact Name STEPHEN T.	NAPOLITANO	<u>.</u>	Contact Title REGISTERED AGENT							
treet Address 959 MINERA	AL SPRING AVENU	JE, SUITE 2	City NORTH PROVIDENCE	State RI	Zip 02904					
List ALL managers (nan	nes and addresses)	of the Limited Lia	bility Company, IF APPLICABLE -	DO NOT LIST	MEMBERS					
Manager Name LOUIS BOU	IRLOS		Manager Name							
Street Address 322 BROAD	WAY	 · .	Street Address							
PROVIDENCE	State RI	Zip 02909	City	State	Zip					
lanager Nam e	·		Manager Name							
Street Address			Street Address							
ity	State	Zip	City	State	Zip					
			Ch	eck the box to i	<u>l</u> ndicate an attachmen					
. Resident Agent in Rhode	e Island. This informs	ation is currently of re	ecord with the Department of State. Ch							

3. R	esident Ager	nt in R	hode Island	. This informat	ion is currently o	f record with the Departr	ment of State, C	hanges 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

LOUIS BOURLOS

, 2019

Signature of Authorized Person

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

OCT 0 3 2019

FORM 632 - Revised: 10/2017