



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.

|                                                                                                                                                                                                      |                 |                                                                                                                |                                      |                    |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|---------------------|
| 1. Entity ID Number<br><b>112777</b>                                                                                                                                                                 |                 | 2. Exact name of the Limited Liability Company<br><b>SHANE REALTY, L.L.C.</b>                                  |                                      |                    |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                       |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>OPERATION OF REAL ESTATE</b> |                                      |                    |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                         |                 |                                                                                                                |                                      |                    |                     |
| 6. Principal Office Address<br><b>125 ERNEST STREET</b>                                                                                                                                              |                 | City<br><b>PROVIDENCE</b>                                                                                      |                                      | State<br><b>RI</b> | Zip<br><b>02905</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                 |                                                                                                                |                                      |                    |                     |
| Contact Name <b>THOMAS QUINLAN</b>                                                                                                                                                                   |                 |                                                                                                                | Contact Title <b>MANAGER/PARTNER</b> |                    |                     |
| Street Address <b>125 ERNEST STREET</b>                                                                                                                                                              |                 | City <b>PROVIDENCE</b>                                                                                         |                                      | State <b>RI</b>    | Zip <b>02905</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                 |                                                                                                                |                                      |                    |                     |
| Manager Name <b>THOMAS QUINLAN</b>                                                                                                                                                                   |                 |                                                                                                                | Manager Name                         |                    |                     |
| Street Address <b>125 ERNEST STREET</b>                                                                                                                                                              |                 |                                                                                                                | Street Address                       |                    |                     |
| City <b>PROVIDENCE</b>                                                                                                                                                                               | State <b>RI</b> | Zip <b>02905</b>                                                                                               | 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.                                                            |                 |                                                                                                                |                                      |                    |                     |
| 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<br><b>THOMAS QUINLAN</b>                                                                                                                                                   |                 |                                                                                                                | Date <b>9/22/2019</b>                |                    |                     |
| Signature of Authorized Person <i>[Signature]</i>                                                                                                                                                    |                 |                                                                                                                | Date <b>9/26/2019</b>                |                    |                     |

**FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

OCT 04 2019

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