RI SOS Filing Number: 201924837040 Date: 10/18/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019

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Annual Report for the year: 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 | | 2. Exact name of the Limited Liability Company | | | | |
|---|----------------------|--|----------------------------------|----------------------------|----------------------|--|
| 506925 | GERV | GERVASIO REALTY, LLC | | | | |
| 3. NAICS Code | 4. Brief desc | Brief description of the character of business conducted in Rhode Island | | | | |
| 531311 | Real estate | Real estate management. | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 9 Cecelia Drive | | | Johnston | RI | 02919 | |
| 7. Mailing Address of Limite | ed Liability Compar | y and Name or Ti | tle of Contact Person | | | |
| Contact Name Stephen J. DiGianfilippo, Esq. | | | Contact Title Attorney | | | |
| Street Address 50 Park Row West, Suite 111 | | | City Providence | State RI | ^{Zip} 02903 | |
| 8. List ALL managers (nam | es and addresses) | of the Limited Lia | bility Company, IF APPLICA | BLE - DO NOT LIST N | MEMBERS OTT | |
| Manager Name Mary Lou Gervasio | | | Manager Name | | | |
| Street Address 9 Cecelia Drive | | | Street Address | | | |
| City Johnston | State RI | ^{Zip} 02919 | City | State | Zip OCOT | |
| Manager Name | | | Manager Name | | 12. SE | |
| Street Address | | | Street Address | | 8 m | |
| City | State | Zíp | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 9. Resident Agent in Rhode | Island. This informa | tion is currently of re | ecord with the Department of Sta | te. Changes require filing | g Form 642. | |
| Under penalty of perjury, i statements, and that all st | i declare and affir | n that I have exa | mined this report including | g any accompanying | g schedules and | |
| Name of Authorized Person | | | | Date \ | 1 | |
| Mary Lou Gervasio | | | | 10) | 4/19 | |
| Signature of Anthorized Parage William 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

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FORM 632 - Revised: 10/2017