



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**FILED**

OCT 28 2019

BY

1086  
[Signature]

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>001691067</b>  |           | 2. Exact name of the Limited Liability Company<br><b>Sully Realty Associates, LLC</b>                    |                    |
| 3. NAICS Code<br><b>531110</b>   |           | 4. Brief description of the character of business conducted in Rhode Island<br><b>Rental real estate</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>   |           |  |                    |
| 6. Principal Office Address<br><b>19 Naples Avenue</b>   |           | City<br><b>Warwick</b>   | State<br><b>RI</b> |
|  |           | Zip<br><b>02886</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |           |  |                    |
| Contact Name<br><b>Richard F. Saccoccia</b>  |           | Contact Title<br><b>Member</b>   |                    |
| Street Address<br><b>19 Naples Avenue</b>  |           | City<br><b>Warwick</b>   | State<br><b>RI</b> |
|  |           | Zip<br><b>02886</b>  |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS   |           |  |                    |
| Manager Name<br>   |           | Manager Name<br>   |                    |
| Street Address<br>   |           | Street Address<br>   |                    |
| City<br>   | State<br> | Zip<br>  | City<br>           |
| Manager Name<br>   |           | Manager Name<br>   |                    |
| Street Address<br>   |           | Street Address<br>   |                    |
| City<br>   | State<br> | Zip<br>  | City<br>           |
| 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>John F. Saccoccia</b>  |           | Date<br><b>10-22-19</b>  |                    |
| Signature of Authorized Person<br>   |           | SIGN DOCUMENT HERE   |                    |

**MAIL TO:**

Division of Business Services

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