



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.

FILED

OCT 30 2019

BY

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|                                                                                                                                                                                                             |                    |                                                                                                               |                                  |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>438104</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>Industrial Realty Lessors, LLC</b>                       |                                  |                         |                     |
| 3. NAICS Code<br><b>531311</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate management.</b> |                                  |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                    |                                                                                                               |                                  |                         |                     |
| 6. Principal Office Address<br><b>Two Industrial Lane</b>                                                                                                                                                   |                    | City<br><b>Johnston</b>                                                                                       |                                  | State<br><b>RI</b>      | Zip<br><b>02909</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                               |                                  |                         |                     |
| Contact Name<br><b>Stephen J. DiGianfilippo, Esq.</b>                                                                                                                                                       |                    |                                                                                                               | Contact Title<br><b>Attorney</b> |                         |                     |
| Street Address<br><b>50 Park Row West, Suite 111</b>                                                                                                                                                        |                    | City<br><b>Providence</b>                                                                                     |                                  | State<br><b>RI</b>      | Zip<br><b>02903</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                               |                                  |                         |                     |
| Manager Name<br><b>Robert J. Ricci</b>                                                                                                                                                                      |                    |                                                                                                               | Manager Name                     |                         |                     |
| Street Address<br><b>87 Woodsong Drive</b>                                                                                                                                                                  |                    |                                                                                                               | Street Address                   |                         |                     |
| City<br><b>North Scituate</b>                                                                                                                                                                               | State<br><b>RI</b> | Zip<br><b>02857</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.                                                                   |                    |                                                                                                               |                                  |                         |                     |
| <b>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.</b> |                    |                                                                                                               |                                  |                         |                     |
| Name of Authorized Person<br><b>Robert J. Ricci</b>                                                                                                                                                         |                    |                                                                                                               |                                  | Date<br><b>10/24/19</b> |                     |
| Signature of Authorized Person<br><i>Robert J. Ricci</i><br>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