

2019 NOV 29 PM 2: 55

| Annual Report for the year: | 2018 | |
|-----------------------------|------|--|
| 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 134393 MILL STREET REALTY, LLC. | | | | | | | |
|--|---|----------------------------------|------------------------------------|----------|----------------------|--|--|
| <u> </u> | MILL STREET REALTY, LLC. | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| ⁵³ 1110 | REAL ESTATE HOLDINGS | | | | | | |
| 5. State of Formation | | | | | | | |
| RHODE ISLAND | | | | | | | |
| 6. Principal Office Address | | - | City | State | Zip | | |
| 511 PIPPIN ORCHARD ROAD | | | CRANSTON | RI | 02921 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name ARTHUR G. CAPALDI, ESQ | | | Contact Title ATTORNEY FOR PROCESS | | | | |
| Street Address 1035 MAIN STREET | | | City COVENTRY | State RI | ^{Zip} 02816 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name RICHARD J MACERA Manager Name ALFRED C. CHRISTOFARO | | | | | | | |
| Street Address 511 PIPPIN ORCHARD ROAD | | Street Address 42 PINE TREE LANE | | | | | |
| City CRANSTON | State RI | ^{Zip} 02921 | City WEST GREENWICH | State RI | ^{Zip} 02817 | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Check the box to indicate an attachment | | | | | | | |
| 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 | | | | | | | |
| RICHARD J. MACERA /1/26/19 | | | | | | | |
| 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

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FORM 632 - Revised: 10/2017