



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128649		2. Exact name of the limited liability company 639 Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, OPERATE, DEVELOP, LEASE AND DEAL IN REAL PROPERTY AND ANY OTHER ACTS OR THINGS RELATIVE THERETO.	
5. Principal office address 639 METACOM AVENUE		City WARREN	State RI
		Zip 02885-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FRANK J AMALFITANO, JR.		Contact Title MEMBER	
Street Address 639 METACOM AVENUE		City WARREN	State RI
		Zip 02885-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. (R.I.G.L. 7-16-12 (a) (2) / 7-16-52)			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRUCE A. WOLPERT, ESQ.		Address 10 DORRANCE STREET	
Address WOLPERT & GERSTENBLATT, INC.		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 8 6 4 9

\*128649 DLLC 08/31/05 03:22:36 PM\*

File Date 9/9/05

Check No. 570

By: DA

FOR SECRETARY OF STATE USE ONLY

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.

Frank J. Amalfitano, Jr. 9/7/05  
Signature of Authorized Person Date

Frank J. Amalfitano, Jr., M.D.  
Print or Type Name of Authorized Person



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1 2 8 6 4 9

\*128649 DLLC 08/30/04 02:24:23 PM\*

**FILED**

File Date SEP 10 2004

Check No By 391

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 9/3/04  
Signature of Authorized Person Date

**Frank J. Amalfitano, Jr., M.D.**  
Print or Type Name of Authorized Person