State of Rhode IslandFee: \$50.00Office of the Secretary of State			
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
<b>1. ID No.</b> <u>001684960</u>			
2. Exact Name of the Limited Liability Company <u>RE GAL ED, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
531110			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
NAICS CODE 531110 LESSORS OF RESIDENTIAL BUILDINGS AND			
DWELLINGS LOCATED AT:			
78 JAPONICS STREET, PAWTUCKET, RI 02960 AND 199 PAWTUCKET AVENUE, PAWTUCKET, RI 02860			
OWNED BY THE LLC			
5. Principal Office Address			
No. and Street: <u>207 WATERMAN STREET</u>			
LST FLOOR PROVIDENCEState: RIZip: 02906Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>SILVIA OHANA</u> Contact Title: <u>OWNER</u>			
No. and Street:PO BOX 200289City or Town:BROOKLYNState: NYZip: 11220Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
<ul> <li>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11</li> <li><u>SILVIA OHANA</u> 207 WATERMAN STREET 1ST FLOOR PROVIDENCE, RI 02906</li> <li>9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).</li> </ul>			
<ul> <li>Signed this 18 Day of August, 2020 at 2:17:49 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.</li> <li>By <u>SILVIA OHANA</u> Signature of Authorized Person</li> </ul>			
Form No. 632 Revised 09/07			
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Revised 09/07 © 2007 - 2020 State of Rhode Isl	and		