



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

**Annual Report for the year:** 2020  
**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.

**STAMP**  
**FILED**  
FOR SECRETARY OF STATE USE ONLY  
**AUG 28 2020**  
 BY 1258 OS

1. Entity ID Number <b>120551</b>		2. Exact name of the Limited Liability Company <b>DeMarco Realty, LLC</b>					
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island  <b>to deal with real estate</b>					
5. State of Formation <b>Rhode Island</b>							
6. Principal Office Address <b>69 Fletcher Avenue</b>				City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920-0000</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <b>The Gina M. DeMarco Revocable Trust Agreement</b>				Contact Title <b>Member</b>			
Street Address <b>69 Fletcher Avenue</b>				City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920-0000</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>							
Manager Name <b>N/A</b>			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
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. Charges require filing Form 642.							
<b><i>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.</i></b>							
Name of Authorized Person <b>Gina M. DeMarco, Trustee</b> <b>The Gina M. DeMarco Revocable Trust Agreement</b>					Date <b>09/07/2020</b>	Member <b>Member</b>	
Signature of Authorized Person <b>Gina M. DeMarco</b>				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