	State of Rhode Isl Office of the Secretary	
	Division Of Business Se	rvices
	148 W. River Stree	
HOPE	Providence RI 02904- (401) 222-3040	2015
Limited Liability Con		
Annual Report Filing Period: September 1	- November 1	
to file its annual report with	. 7-16-66(d), each limited liability compar in thirty (30) days after the time prescribe	
16-66(b&c)) is subject to a		
1. ID No. <u>00014200</u>	<u>1</u>	
2. Exact Name of the L	imited Liability Company <u>GUILL-PIH</u>	<u>KE REALTY, LLC</u>
3. State of Formation		
State: <u>RI</u>		
the list of codes <u>here.</u> Mor 531390	re information on <u>NAICS</u> can be found on	ine.
001000		
	ne Character of the Business Which is	Actually Conducted in Rhode Island
		Actually Conducted in Rhode Island
4. Brief Description of th	ING	Actually Conducted in Rhode Island
4. Brief Description of the REAL ESTATE HOLD 5. Principal Office Addree No. and Street: 180 1	ING ess BOSTON NECK ROAD	Actually Conducted in Rhode Island
4. Brief Description of the second structure REAL ESTATE HOLD 5. Principal Office Addres No. and Street: 180 I City or Town: NAR	ING ess BOSTON NECK ROAD	:: <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u>
4. Brief Description of the REAL ESTATE HOLD 5. Principal Office Addres No. and Street: 180 I City or Town: NAR 6. Mailing Address of Lic Contact Name: DIANE (Contact Name: No. and Street: P	ING SSS BOSTON NECK ROAD RAGANSETT State mited Liability Company and Name of C GUILLEMETTE Contact Title: O BOX 159	e: <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u>
4. Brief Description of the REAL ESTATE HOLD 5. Principal Office Addres No. and Street: 180 I City or Town: NAR 6. Mailing Address of Lic Contact Name: DIANE (Contact Name: No. and Street: P	ING BOSTON NECK ROAD RAGANSETT State mited Liability Company and Name of C GUILLEMETTE Contact Title: O BOX 159	:: <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u>
4. Brief Description of the REAL ESTATE HOLD 5. Principal Office Addres No. and Street: 180 I City or Town: NAR 6. Mailing Address of Lit Contact Name: DIANE (Contact Name: DIANE (Contact Name: P City or Town: Y	ING SSS SOSTON NECK ROAD RAGANSETT State mited Liability Company and Name of C GUILLEMETTE Contact Title: O BOX 159 VAKEFIELD State: <u>RI</u> z f Each Manager of the Limited Liability	e: <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u> Title of Contact Person: ip: <u>02874</u> Country: <u>USA</u>
4. Brief Description of the REAL ESTATE HOLD 5. Principal Office Addres No. and Street: 180 I City or Town: NAR 6. Mailing Address of Lit Contact Name: DIANE (No. and Street: P City or Town: W 7. Name and Address of Streets of Stree	ING SSS SOSTON NECK ROAD RAGANSETT State mited Liability Company and Name of C GUILLEMETTE Contact Title: O BOX 159 VAKEFIELD State: <u>RI</u> z f Each Manager of the Limited Liability	e: <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u> Title of Contact Person: ip: <u>02874</u> Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DIANE C. GUILLEMETTE 180 BOSTON NECK ROAD NARRAGANSETT, RI 02882

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of September, 2020 at 1:56:00 AM 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.*

By DIANE C GUILLEMETTE

Signature of Authorized Person

Form No. 632 Revised 09/07

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