	State of Rhode Office of the Secret		Fee: \$50.0
	Division Of Busines 148 W. River	Street	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability con in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00167681</u>	2		
2. Exact Name of the Li	mited Liability Company Orca R	ealty LLC	
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS	Code that best describes the primar	v business conducto	od by the entity. Download
•	e information on <u>NAICS</u> can be foun		a by the entity. Download
<u>531110</u>			
4. Brief Description of th	e Character of the Business Whic	h is Actually Conc	lucted in Rhode Island
OWN PROPERTY ANI	O RENT UNITS LOCATED ON	THE PROPERTY	<u>-</u>
5. Principal Office Addre	SS		
-	P.O. BOX 800 WYOMING State: <u>RI</u>	Zip: <u>02898</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Conta	act Person:
Contact Name: Contact			
	<u>O. BOX 800</u> YOMING State: <u>RI</u>	Zip: <u>02898</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Lia	bility Company, if	Applicable.
Title	Individual Name		Address
MANAGER	First, Middle, Last, Suffix DIANE VAILLANCOURT		own, State, Zip Code, Country PO BOX 800
MANAGER	JEFFREY M VAILLANCOURT	PO BOX 800	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>JEFFREY M. VAILLANCOURT</u> <u>6 WOOD RIVER DRIVE</u> <u>RICHMOND</u>, <u>RI</u> <u>02832</u>

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

Signed this 6 Day of October, 2020 at 3:36:13 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.*

By <u>JEFF VAILLANCOURT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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