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.

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1. Entity ID Number 160557	· I		Liability Company			
3. NAICS Code 4. Brief description of the chareal estate development		acter of business conducted	in Rhode Island			
5. State of Formation RI						
6. Principal Office Address 1 Realty Way			City East Providence	State RI	Zip 02914	
7. Mailing Address of Limited		y and Name or Ti	tle of Contact Person			
Contact Name Gene M. Carlino			Contact Title Resident Agent/Attorney			
Street Address 1301 Atwood Avenue, Suite 215N			City Johnston	State RI	^{Zip} 02919	
8. List ALL managers (name	es and addresses)	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name Gene M. Carlino			Manager Name			
Street Address 1301 Atwood Avenue, Suite 215N			Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip	
Manager Name	1	•	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to	indicate an attachment	
9. The Resident Agent inforr	mation currently of	record with the R	I Department of State is acc	urate. Changes requi	re filing Form 642.	
Under penalty of perjury, I statements, and that all st			amined this report, includii ie and correct.	ng any accompanyir	ng schedules and	
Name of Authorized Person Gene M. Carlino				Date 10/z/20		
Signature of Authorized Pers	son O	(/c	ul			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov