

FILED

JAN 20 2021



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

BY 2278 *Ralph Mollis, Secretary of State*
Corporations Division
145 W. River Street
Providence, RI 02904-2615
401-222-4300

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 83194		2. Exact name of the limited liability company DeIPas Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE (531110)			
5. Principal office address 1524 ATWOOD AVENUE		City JOHNSTON	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DR. JOHN A. SANACORE			Contact Title		
Street Address 1524 ATWOOD AVENUE		City JOHNSTON	State RI	Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name NONE			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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name SANDRA MATRONE MACK, SEC.			Address 50 Kennedy Plaza, Ste. 1500		
Address HINCKLEY, ALLEN & SNYDER LLP		City PROVIDENCE	Zip 02903		

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

83194

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.

John A. Sanacore 1/11/21
Signature of Authorized Person Date
JOHN A. SANACORE
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY