



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020 AMEND
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.

2021 MAR -9 PM 2:44
 RI DEPT OF STATE
 BUS SVCS DIV

1. Entity ID Number 001702152		2. Exact name of the Limited Liability Company Gallup Realty LLC			
3. NAICS Code 531210		4. Brief description of the character of business conducted in Rhode Island Performing all functions of a Rhode Island Realtor			
5. State of Formation Rhode Island					
6. Principal Office Address 85 Congress Avenue			City Providence	State RI	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Omar Almonte			Contact Title Manager		
Street Address 85 Congress Avenue			City Providence	State RI	Zip 02907
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Omar Almonte			Manager Name N/A		
Street Address 85 Congress Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person Richard A. Pacia, Esq.				Date 3/5/21	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 09, 2021 02:44 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

