



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020 AMEND  
Limited Liability Company

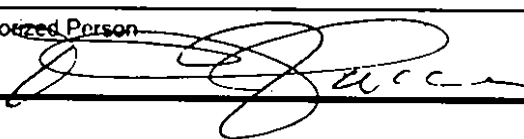
→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

2021 MAR -9

RI DEPT OF STATE  
BUS SVCS DIV

|  |                    |  |                    |                       |     |
|--|--------------------|--|--------------------|-----------------------|-----|
| 1. Entity ID Number<br><u>001702152</u>  |                    | 2. Exact name of the Limited Liability Company<br><u>Gallup Realty LLC</u>   |                    |                       |     |
| 3. NAICS Code<br><u>531210</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Performing all Functions of a Rhode Island Realtor</u> |                    |                       |     |
| 5. State of Formation<br><u>Rhode Island</u>   |                    |  |                    |                       |     |
| 6. Principal Office Address<br><u>85 Congress Avenue</u>   |                    | City<br><u>Providence</u>  | State<br><u>RI</u> | Zip<br><u>02907</u>   |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |                    |  |                    |                       |     |
| Contact Name<br><u>Omar Almonte</u>  |                    | Contact Title<br><u>Manager</u>  |                    |                       |     |
| Street Address<br><u>85 Congress Avenue</u>  |                    | City<br><u>Providence</u>  | State<br><u>RI</u> | Zip<br><u>02907</u>   |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS   |                    |  |                    |                       |     |
| Manager Name<br><u>Omar Almonte</u>  |                    | Manager Name<br><u>N/A</u>   |                    |                       |     |
| Street Address<br><u>85 Congress Avenue</u>  |                    | Street Address   |                    |                       |     |
| City<br><u>Providence</u>  | State<br><u>RI</u> | Zip<br><u>02907</u>  | City               | State                 | Zip |
| Manager Name<br><u>N/A</u>   |                    | Manager Name<br><u>N/A</u>   |                    |                       |     |
| 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<br><u>Richard A. Pacia, Esq.</u>   |                    |  |                    | Date<br><u>3/5/21</u> |     |
| Signature of Authorized Person<br>  |                    |  |                    |                       |     |

## 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

MAR 09 2021  
A.A. 2:44 PM