State of Rhode Island **Department of State - Business Services Division**

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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.

1. Entity ID Number 128649		Exact name of the Limited Liability Company Realty Associates, LLC					
3. NAICS Code 531120	LEASING A	Brief description of the character of business conducted in Rhode Island LEASING AND RENTING OF REAL PROPERTY AND ANY OTHER ACTS OR THINGS RELATIVE THERETO PERMISSIBLE BY LAW					
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
639 METACOM AVENUE			WARREN	RI	02865		
7. Mailing Address of Limited	Liability Compa	ny and Name o		•			
Contact Name FRANK J. AMALFITANO, JR., M.D.		Contact Title MEMBER	Contact Title MEMBER				
Street Address 639 METACOM AVENUE		City WARREN	State RI	^{Zip} 02885			
8. List ALL managers (name:	and addresse:	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zıp		
				Check the box to	indicate an attachment		
9. The Resident Agent inform	ation currently o	of record with th	e RI Department of State is accu	ırate. Changes requir	e filing Form 642.		
Under penalty of perjury, I destatements, and that all sta	declare and aff tements conta	irm that I have ined herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person				Date 28	ſ		
FRANK J. AMALFIANO, JR., M.D.				2/3	26/21		
Signature of Authorize Pers	Muly	ijk n	2	•			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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