RI SOS Filing Number: 202101054180 Date: 9/7/2021 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division		<del></del>	
		FILED	STAMP
Annual Report for the year: 2021 Limited Liability Company		SEP 0 7 2021	FOR SECRETARY OF STATE USE CALE
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>	BY_	100	<del>)</del>   C
7 Finally. Additional \$25.00 fee it form is not filed by December 1.			

4.5.00.00					12		
1. Entity ID Number	2. Exact name of the Limited Liability Company						
1663347	REALEJO EG REALTY, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531120							
5. State of Formation	ownership and development of real property						
	o meromp and development of real property						
Rhode Island	<u></u>						
6. Principal Office Address			City	State	Zip		
27 Major Arnold Road			Narragansett	RI	02882-0000		
7. Mailing Address of Limited Li		and Name or Title	e of Contact Person		, 00000		
Contact Name Contact Title			<del></del>				
Frank Realeio			Manager				
Street Address			City	State	Zip		
27 Major Arnold Road		<u></u>	Narragansett	RI	02882-0000		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name							
Manager Name  Frank Realejo  Manager Name							
Street Address			Street Address	<del></del>			
27 Major Arnold Roa	~~	<u> </u>					
City Narragansett	State RI	Zip <b>02882</b>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<del></del>	I.	<u></u>	heck the box to inc	dicate an attachment		
9. The Resident Agent informati	ion currently of r	ecord with the RI					
Under penalty of perjury, I de	clare and affirπ	that I have exam	mined this report, including ar	n accompanying	schedules and		
statements, and that all state	ments containe	d herein are true	and correct.	iy teecempunying	30.7000103 0110		
Name of Authorized Person	<del></del>			Date	·- ·- <u></u>		
Frank Realejo Manager			09/0	09/07/2021			
Signature of Authorized Person  Reculgo							

MAIL TO:

**Division of Business Services** 

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

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