Date: 9/7/2021 4:00:00 PM RI SOS Filing Number: 202101054450



**Limited Liability Company** 

## **Department of State - Business Services Division**

FILED

Annual Report for the year: 2021

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

SEP 0 7 2021 STAMP						
BY OF STATE						

1. Entity ID Number	2. Exact name of the Limited Liability Company					
309010						
3. NAICS Code	F & G VICTORY REALTY, LLC  4. Brief description of the character of business conducted in Rhode Island					
*****		phon of the origin	icici oi busilless collabated ill	Kilode Island		
531120	· · · · · · · · · · · · · · · · · · ·					
5. State of Formation	ownership and development of real property					
Rhode Island						
6. Principal Office Address			City	State	Zip	
27 Major Arnold Road			<u>Narragansett</u>	RI	02882-0000	
7. Mailing Address of Limited Lia		and Name or Title	e of Contact Person		1	
Contact Name Contact Title						
Frank Realein			Manager			
Street Address			City	State	Zip	
27 Major Arnold Road			Narragansett	RI.	02882-0000	
8. List ALL managers (names ar	d addresses) c	of the Limited Liab	pility Company, IF APPLICABL	E - DO NOT LIST ME	MBERS	
Manager Name			Manager Name			
Frank Realejo						
Street Address  27 Major Arnold Road			Street Address			
City	State	Zip	City	State	7:0	
Narragansett	RI	02882	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<del></del>	<u></u>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under negative of a service of the	currently of r	ecord with the RI	Department of State is accura	ate. Changes require t	filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm ents containe	n that I have exam d herein are true	mined this report, including and correct.	any accompanying	schedules and	
Name of Authorized Person				Date		
Frank Realejo			Manager	1anager 09/07/2021		
Signature of Authorized Person	/ //		<del></del>			
trus K	ales					
p.c. a	- 97		<u> </u>			

MAIL TO:

**Division of Business Services** 

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

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