



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

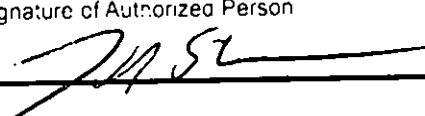
Annual Report for the year: 2021

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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------|------|------------------------|---------------------|
| 1. Entity ID Number<br><b>74381</b>                                                                                                                                                                  |           | 2. Exact name of the Limited Liability Company<br><b>WEISS REALTY, LLC</b>                        |      |                        |                     |
| 3. NAICS Code<br><b>538110</b>                                                                                                                                                                       |           | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |      |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                         |           |                                                                                                   |      |                        |                     |
| 6. Principal Office Address<br><b>36 Branch Avenue</b>                                                                                                                                               |           | City<br><b>Providence</b>                                                                         |      | State<br><b>RI</b>     | Zip<br><b>02904</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |           |                                                                                                   |      |                        |                     |
| Contact Name<br><b>Howard Weiss</b>                                                                                                                                                                  |           | Contact Title<br><b>Manager</b>                                                                   |      |                        |                     |
| Street Address<br><b>36 Branch Avenue</b>                                                                                                                                                            |           | City<br><b>Providence</b>                                                                         |      | State<br><b>RI</b>     | Zip<br><b>02904</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |           |                                                                                                   |      |                        |                     |
| Manager Name                                                                                                                                                                                         |           | Manager *                                                                                         |      |                        |                     |
| Street Address                                                                                                                                                                                       |           | Street Ad:                                                                                        |      |                        |                     |
| City                                                                                                                                                                                                 | State     | Zip                                                                                               | City | State                  | Zip                 |
| <b>Providence</b>                                                                                                                                                                                    | <b>RI</b> | <b>02904</b>                                                                                      |      |                        |                     |
| Manager Name                                                                                                                                                                                         |           | Manager Name                                                                                      |      |                        |                     |
| Street Address                                                                                                                                                                                       |           | Street Address                                                                                    |      |                        |                     |
| City                                                                                                                                                                                                 | State     | Zip                                                                                               | City | State                  | Zip                 |
|                                                                                                                                                                                                      |           |                                                                                                   |      |                        |                     |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |           |                                                                                                   |      |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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><b>Howard Weiss, Manager</b>                                                                                                                                            |           |                                                                                                   |      | Date<br><b>10/1/21</b> |                     |
| Signature of Authorized Person<br>                                                                                |           |                                                                                                   |      | SIGN DOCUMENT HERE     |                     |

MAIL TO:

Division of Business Services  
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