



State of Rhode Island

## 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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BY

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------|----------------------|------------------|-----|
| 1. Entity ID Number<br>792144                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br>RFA Realty, LLC                                     |                      |                  |     |
| 3. NAICS Code<br>531120                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate ownership. |                      |                  |     |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |       |                                                                                                       |                      |                  |     |
| 6. Principal Office Address<br>117 Metro Center Blvd., Suite 1003                                                                                                                                    |       | City<br>Warwick                                                                                       | State<br>RI          | Zip<br>02886     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                       |                      |                  |     |
| Contact Name Christopher L. Russo                                                                                                                                                                    |       |                                                                                                       | Contact Title Member |                  |     |
| Street Address 117 Metro Center Blvd., Suite 1003                                                                                                                                                    |       | City Warwick                                                                                          | State RI             | Zip 02886        |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                       |                      |                  |     |
| Manager Name N/A                                                                                                                                                                                     |       |                                                                                                       | Manager Name         |                  |     |
| Street Address                                                                                                                                                                                       |       |                                                                                                       | Street Address       |                  |     |
| City                                                                                                                                                                                                 | State | Zip                                                                                                   | City                 | State            | Zip |
| 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. 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>Christopher L. Russo, Member                                                                                                                                            |       |                                                                                                       |                      | Date<br>10/14/21 |     |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                       |                      |                  |     |

## MAIL TO:

Division of Business Services

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