



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

FILED

OCT 26 2021

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.

BY *A* 4363

|                                                                                                                                                                                                             |       |                                                                                                                          |                               |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>109140</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Maple Realty, LLC</b>                                               |                               |                           |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Investment and Leasing</b> |                               |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                                          |                               |                           |                     |
| 6. Principal Office Address<br><b>One Wellington Road</b>                                                                                                                                                   |       | City<br><b>Lincoln</b>                                                                                                   |                               | State<br><b>RI</b>        | Zip<br><b>02865</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                          |                               |                           |                     |
| Contact Name <b>Kevin M. Daley, Esq.</b>                                                                                                                                                                    |       |                                                                                                                          | Contact Title <b>Attorney</b> |                           |                     |
| Street Address <b>1383 Warwick Avenue</b>                                                                                                                                                                   |       | City <b>Warwick</b>                                                                                                      |                               | State <b>RI</b>           | Zip <b>02888</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                          |                               |                           |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                          | 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                          |                               |                           |                     |
| <b>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.</b> |       |                                                                                                                          |                               |                           |                     |
| Name of Authorized Person<br><b>Len Gemma</b>                                                                                                                                                               |       |                                                                                                                          |                               | Date<br><b>20 Sept 21</b> |                     |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                        |       |                                                                                                                          |                               | SIGN DOCUMENT HERE        |                     |

MAIL TO:

Division of Business Services

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