



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.

**FILED STAMP**

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|                                                                                                                                                                                                             |  |                                                                                                   |  |                             |  |                    |  |                        |  |     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|-----------------------------|--|--------------------|--|------------------------|--|-----|--|
| 1. Entity ID Number<br><b>000160867</b>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><b>MAF Realty, LLC</b>                          |  |                             |  |                    |  |                        |  |     |  |
| 3. NAICS Code<br><b>531110</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>203 Killingly Street</b>                                                                                                                                                  |  |                                                                                                   |  | City<br><b>Providence</b>   |  | State<br><b>RI</b> |  | Zip<br><b>02909</b>    |  |     |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                   |  |                             |  |                    |  |                        |  |     |  |
| Contact Name <b>Francesco Cassisi</b>                                                                                                                                                                       |  |                                                                                                   |  | Contact Title <b>Member</b> |  |                    |  |                        |  |     |  |
| Street Address <b>203 Killingly Street</b>                                                                                                                                                                  |  |                                                                                                   |  | City <b>Providence</b>      |  | State <b>RI</b>    |  | Zip <b>02909</b>       |  |     |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |  |                                                                                                   |  |                             |  |                    |  |                        |  |     |  |
| Manager Name <b>Francesco Cassisi</b>                                                                                                                                                                       |  |                                                                                                   |  | Manager Name                |  |                    |  |                        |  |     |  |
| Street Address <b>203 Killingly Street</b>                                                                                                                                                                  |  |                                                                                                   |  | Street Address              |  |                    |  |                        |  |     |  |
| City <b>Providence</b>                                                                                                                                                                                      |  | State <b>RI</b>                                                                                   |  | Zip <b>02909</b>            |  | 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.                                                                         |  |                                                                                                   |  |                             |  |                    |  |                        |  |     |  |
| <i>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.</i> |  |                                                                                                   |  |                             |  |                    |  |                        |  |     |  |
| Name of Authorized Person<br><b>Francesco Cassisi</b>                                                                                                                                                       |  |                                                                                                   |  |                             |  |                    |  | Date<br><b>11-2-21</b> |  |     |  |
| Signature of Authorized Person<br><i>Francesco Cassisi</i>                                                                                                                                                  |  |                                                                                                   |  |                             |  |                    |  |                        |  |     |  |

**MAIL TO:**

Division of Business Services

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