

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

Annual Report for the year: 2018 **Limited Liability Company** 

→ Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

| REC'D<br>24 MAY                        |  |
|----------------------------------------|--|
| REC'D RIDOS BSD<br>24 MAY 21 AM9:51:30 |  |
|                                        |  |

| 1. Entity ID Number                                                                                                                 | 2. Exact name of the Limit                                                                                  | 2. Exact name of the Limited Liability Company |                    |                      |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|----------------------|--|--|
| 139584                                                                                                                              | PIOG Realty, LLC                                                                                            |                                                |                    |                      |  |  |
| 3. NAICS Code<br>531311                                                                                                             | Brief description of the character of business conducted in Rhode Island     To own and manage real estate. |                                                |                    |                      |  |  |
| 5. State of Formation                                                                                                               |                                                                                                             | o four oblate.                                 |                    |                      |  |  |
| Rhode Island                                                                                                                        |                                                                                                             |                                                |                    |                      |  |  |
| 6. Principal Office Address                                                                                                         | <del></del>                                                                                                 | City                                           | State              | Zip                  |  |  |
| 333 School Street, Suite 200                                                                                                        |                                                                                                             | Pawtucket                                      | . RI               | 02860                |  |  |
| 7. Mailing Address of Limite                                                                                                        | d Liability Company and Name of                                                                             | r Title of Contact Person                      | t                  |                      |  |  |
| Contact Name Tolga Kokturk                                                                                                          |                                                                                                             | Contact Title Member                           |                    |                      |  |  |
| Street Address 333 School Street, Suite 200                                                                                         |                                                                                                             | City Pawtucket                                 | State RI           | <sup>Zip</sup> 02860 |  |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. |                                                                                                             |                                                |                    |                      |  |  |
|                                                                                                                                     | y, I declare and affirm that I had<br>tatements contained herein are                                        |                                                | ding any accompany | ing schedules and    |  |  |
| Name of Authorized Person                                                                                                           |                                                                                                             | -                                              | Date               | / ./ .               |  |  |
| Tolga Kokturk                                                                                                                       |                                                                                                             |                                                | 5/14/24            |                      |  |  |
| Signature of Authorized Per                                                                                                         | 800                                                                                                         |                                                |                    | <del>,</del>         |  |  |
|                                                                                                                                     |                                                                                                             |                                                | •                  |                      |  |  |

MAIL TO:

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