

State of Rhode Island

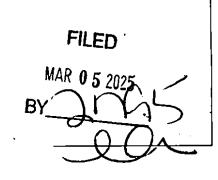
Department of State - Business Services Division

Annual Report for the year: 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.



| 1, Entity ID Number | 2. Exact name of the Limited Liability Company 639 REALTY ASSOCIATES, LLC | | | |
|-----------------------------------|---|------------------------------|---------------------|----------------------|
| 000128649 | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island LEASING AND RENTING OF REAL PROPERTY AND ANY OTHER ACTS OR THINGS RELATIVE THERETO PERMISSIBLE BY LAW | | | |
| 531120 | | | | |
| 5. State of Formation | | | | |
| RHODE ISLAND | | | | |
| 6. Principal Office Address | · | City | State | Zip |
| 639 METACOM AVENUE | | WARREN | RI | 02885 |
| 7. Mailing Address of Limited | Liability Company and Name or Titl | e of Contact Person | | |
| FRANK J. AMALFITANO, JR., M.D. | | Contact Title MEMBER | | |
| Street Address 639 METACOM AVENUE | | City | State | ^{Zip} 02885 |
| 8. The Resident Agent informa | ation currently of record with the RI | Department of State is accur | rate. Changes requi | re filing Form 642. |
| | i declare and affirm that i have extended in the contained herein are true | | ling any accompan | ying schedules and |
| Name of Authorized Person | | | Date Mada | |
| FRANK J. AMALFITANO, JR., M.D. | | | 17775 | |
| Signature of Authorized Person | on Durkuy | Cust M8 | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov