

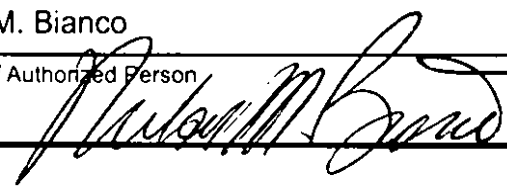


**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**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.

**FILED**  
 APR 11 2025  
 BY 1010

|                                                                                                                                                                                                                |  |                                                                                                    |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|-----------------------|
| 1. Entity ID Number<br><b>000115470</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Bianco Realty Associates, LLC</b>             |                       |
| 3. NAICS Code<br><b>531190</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>699 Willet Avenue</b>                                                                                                                                                        |  | City<br><b>Riverside</b>                                                                           | State<br><b>RI</b>    |
| Zip<br><b>02915</b>                                                                                                                                                                                            |  |                                                                                                    |                       |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                    |                       |
| Contact Name<br><b>Richard M. Bianco</b>                                                                                                                                                                       |  | Contact Title<br><b>Manager</b>                                                                    |                       |
| Street Address<br><b>272 Cosmopolitan Court</b>                                                                                                                                                                |  | City<br><b>Sarasota</b>                                                                            | State<br><b>FL</b>    |
| Zip<br><b>34236</b>                                                                                                                                                                                            |  |                                                                                                    |                       |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                    |                       |
| 9. <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>Richard M. Bianco</b>                                                                                                                                                          |  |                                                                                                    | Date<br><b>4/3/25</b> |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                    |                       |

**MAIL TO:**

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