	State of Rhode Island Fee: \$50	00
R	State of Rhode Island Fee: \$50 Office of the Secretary of State	.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability	/ Company	
Annual Report		
Filing Period: Feb	ruary 1 - May 1	
	h R.I.G.L. 7-16-66(d), each limited liability company failing or	
	annual report within thirty (30) days after the time prescribed by -66(b&c)) is subject to a penalty fee of \$25.00.	
	T YEAR - ENTER THE CURRENT YEAR <b>2025</b> : 2025	
ANNUAL REFOR	TTEAR - ENTER THE CORRENT TEAR 2023. 2023	
1. ID No. <u>000</u>	144228	
2. Exact Name o	of the Limited Liability Company <u>COAST REALTY MANAGEMENT, LLC</u>	
3. State of Form	ation	
State: <u>RI</u>		
	NAICS CODE	
Enter the six digit	NAICS Code that best describes the primary business conducted by the entity.	
-	of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531190</u>		
4. Brief Descripti Island	ion of the Character of the Business Which is Actually Conducted in Rhode	
REAL ESTATE	MANAGEMENT.	
5. Principal Offic	ce Address	
No. and Street:		
City or Town:	<u>1021 WATERMAN AVENUE</u> <u>EAST PROVIDENCE</u> State: <u>RI</u> Zip: <u>02914</u> Country: <u>USA</u>	
	<u>EASTTROVIDENCE</u> State. <u>R</u> 210. <u>02714</u> County. <u>0574</u>	
6. Mailing Addres	ss of Limited Liability Company and Name or Title of Contact Person:	
Contact Name:	GENE M. CARLINO Contact Title: AUTHORIZED PERSON	
No. and Street:	1301 ATWOOD AVENUE	
	<u>STE 215</u>	
City or Town:	JOHNSTON State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>	
7. RESIDENT AG	ENT IN RHODE ISLAND - DO NOT ALTER	
	ire Filing of Form 642 - R.I.G.L. 7-16-11	

## GENE M. CARLINO 1301 ATWOOD AVENUE, SUITE 215N JOHNSTON , RI 02919

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 25 Day of April, 2025 at 10:15:05 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>GENE M. CARLINO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved