RI SOS Filing Number: 202574171500 Date: 5/30/2025 4:00:00 PM



## State of Rhode Island

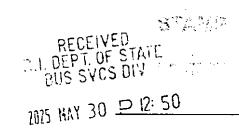
## **Department of State - Business Services Division**

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. RT DOS MADE NON-SUBSTANTIVE EDITS



| Entity ID Number  | 2. Exact name of the Limited Liability Company                           |                         |          |                      |
|---|--|-------------------------|----------|----------------------|
| 1766508   | Magliari OD Realty, LLC  |                         |          |                      |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                         |          |                      |
| 531120  | Real Estate Holding Co   | mpany; commercial prope | erty     |                      |
| 5. State of Formation   |  |                         |          |                      |
| RI  |  |                         |          |                      |
| 6. Principal Office Address   | ·  | City                    | State    | Zip                  |
| 27 Piezzo Drive   |  | Westerly                | RI       | 02891                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                         |          |                      |
| Maria Piro Spector, Esq.  |  | Contact Title Attorney  |          |                      |
| Street Address 85A Beach Street   |  | City Westerly           | State RI | <sup>7ip</sup> 02891 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |                         |          |                      |
| 9. 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. |  |                         |          |                      |
| Name of Authorized Person   |  |                         | Date     |                      |
| Salvatore Magliari  |  |                         | 5/15/25  |                      |
| Signature of Authorized Person  |  |                         |          |                      |

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MAY 3 0 2025 12:50pm
BY LICS 2918

MAIL TO:

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

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