RI SOS Filing Number: 201880700800 Date: 10/31/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

EII ED

Annual Report for the year: 2018

**Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

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BY_	3(19)	FOR SECRETARY OF STATE USE OFLY
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1. Entity ID Number <b>226143</b>	, , , , , , , , , , , , , , , , , , , ,						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531190	REAL ESTATE DEVELOPMENT						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
1 REALTY WAY			EAST PROVIDENCE	RI	02914		
7. Mailing Address of Limited Lia	bility Company	and Name or Titl		·			
Contact Name GENE CARLINO			Contact Title MANAGER				
Street Address 1301 ATWOOD AVENUE, SUITE 215N			City JOHNSTON	State RI	<sup>Zip</sup> 02919		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name GENE CARLINO			Manager Name				
Street Address 1301 ATWOOD AVENUE, SUITE 215N			Street Address				
City JOHNSTON	State RI	<sup>Zip</sup> 02919	City	State	Zip		
Manager Name			Manager Name				
Street Address	·		Street Address				
City	State	Zip	City	State	Zip		
				Check the box to it	ndicate an attachment		
9, Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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 Authorized Person	Date	Date					
GENE CARLINO			10/30/2018				
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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