State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: $50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No.	2. Exact name of the limited liability company
154496	ROMA ENTERPRISES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	RENTAL REAL ESTATE

5. Principal office address	City	State	Zip
30 SOUTHWEST AVE.	JAMESTOWN	RI	02835

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
VARSHA I PATEL	MANAGER/MEMBER

Street Address	City	State	Zip
SAME AS ABOVE			

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
VARSHA I PATEL	—
Street Address	Street Address
SAME AS ABOVE	
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
VARSHA PATEL	
Address	City / Zip
SAME AS ABOVE	

2007 SEP 12 AM 11:07

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

FILED
SEP 12 2007 11:07
By KMC

CK# 1012
36605

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.

Varsha Patel
Signature of Authorized Person *Date*

VARSHA I PATEL
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/06