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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
130101	Caromar Realty, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	real estate ownership and management

5. Principal office address	City	State	Zip
1155 Atwood Avenue	Johnston	RI	02919

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

Contact Name	Contact Title
Steven F. Pagliarini	Manager

Street Address	City	State	Zip
1155 Atwood Avenue	Johnston	RI	02919

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) ☐

Manager Name	Manager Name
Steven F. Pagliarini	Paul A. Pagliarini
Street Address	Street Address
1155 Atwood Avenue	22 Elisha Mathewson Road
City / State / Zip	City / State / Zip
Johnston / RI / 02919	N. Scituate / RI / 02857
Manager Name	Manager Name
James M. Pagliarini	
Street Address	Street Address
69 Rollingwood Drive	
City / State / Zip	City / State / Zip
Johnston / RI / 02919	

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		
Norman Jay Bolotow			
Address	City		Zip
95 Chestnut Street	Providence		02903

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

[redacted] 130101 [redacted]

File Date	FILED
Check No.	SEP 06 2007
By:	By 1323

FOR SECRETARY OF STATE USE ONLY

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.

Steven F. Pagliarini 8/27/07
Signature of Authorized Person *Date*

[redacted] Steven F. Pagliarini
Print or Type Name of Authorized Person

Form 632 Rev. 07/07