



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3049

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. <u>142486</u>		2. Exact name of the limited liability company <u>DON JOSE REALTY, LLC</u>	
3. State of Formation <u>RHODE ISLAND</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>RESIDENTIAL AND COMMERCIAL RENTAL</u>	
5. Principal office address <u>16 ALLEN AVE</u>		City <u>N. PROVIDENCE</u>	State <u>RI</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>JAMEA GAVIRIA</u>		Contact Title <u>PRESIDENT</u>	Zip <u>02911</u>
Street Address <u>16 ALLEN AVE</u>		City <u>N. PROVIDENCE</u>	State <u>RI</u>
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 <u>JAMEA GAVIRIA</u>		Manager Name	Zip <u>02911</u>
Street Address <u>16 ALLEN AVE</u>		Street Address	City <u>N. PROVIDENCE</u>
City <u>N. PROVIDENCE</u>		State <u>RI</u>	Zip <u>02911</u>
Manager Name		Manager Name	Zip
Street Address		Street Address	City
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 <u>JAMEA GAVIRIA</u>			
Address <u>16 ALLEN AVE</u>		City <u>NORTH PROVIDENCE</u>	Zip <u>02911 -</u>

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

FILED

File Date SEP 10 2007
Check No. 1526
By [Signature]
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.

Jaime Gaviria 4/01/07
Signature of Authorized Person Date

Print or Type Name of Authorized Person