



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. 115107		2. Exact name of the limited liability company L.T.P. REALTY LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE/ MANAGE/ SELL REAL ESTATE			
5. Principal office address 4635 Post Road		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Leonardo Petrone			Contact Title		
Street Address 189 Mountain Laurel Drive		City Cranston	State RI	Zip 02920	
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) <input type="checkbox"/>					
Manager Name Leonardo Petrone			Manager Name Antonio Petrone, Jr.		
Street Address 189 Mountain Laurel Drive		Street Address 4614 Post Road			
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02818
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 ROBERT V. COLAGIOVANNI			Address		
Address 3010 POST ROAD		City WARWICK	Zip 02886-		

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

FILED

File Date

SEP 18 2007

Check No.

By: **1483**

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.

Signature of Authorized Person **9-12-07** Date

Leonardo Petrone

Print or Type Name of Authorized Person