RI SOS Filing Number: 200701629360 Date: 09/26/2007 4:00 PM

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
132912	PIETZAK REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ENGAGE IN THE BUSINESS OF REAL ESTATE DEVELOPMENT AND HOLDING.

5. Principal office address	City	State	Zip
1947 OLD LOUISQUISSET PIKE	LINCOLN	RI	02865-4517

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

Contact Name	Contact Title
PATRICIA A. DUBOIS	MEMBER

Street Address	City	State	Zip
14 RED CHIMNEY DR	LINCOLN	RI	02865-4610

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
Street Address	Street Address
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		
PATRICIA A. DUBOIS			
Address	City	Zip
14 RED CHIMNEY DR	LINCOLN	02865-4610

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

[redacted] [redacted]

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.

Patricia A. Dubois 9/13/07
Signature of Authorized Person *Date*

[redacted] PATRICIA A. DUBOIS
Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 26 2007
By:	By 1121

FOR SECRETARY OF STATE USE ONLY

14964-17-191627

Form 632 Rev. 07/07