

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.

I. ID No.	2. Exact	2. Exact name of the limited liability company						
147020	RKZ F	ealty, LLC						
3. State of Formation 4. Brief description of the character of the business which				b is actually conducted in Rhode Island				
Rhode Island REAL ESTATE AND INVESTMENT MANA				GEMENT				
5. Principal office address			СИу	State		Ζίρ		
154 Ridge Drive			Exeter	RI		02822		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name				Contact Title				
Richard K. Zahora								
Street Address			City	State		Zip		
154 Ridge Drive				Exeter	RI		02822	
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 Same				Manager Name				
NEW CICHANON K. CATTONCAT								
Street Address 154 RINGE DRIVE City EXERCE RIL 2402822				Street Address				
Chy = 5 0	-0	State	72-87-2	Сиу	State		$Z\psi$	
EXPIRIC ICT OFFI							J	
Manager Name				Manager Name				
Street Address				Street Address				
				Tan.			100	
City:		State	Zip	City	State		Zip	
A DECIDENT ACTIVE IN DIVOTE ICLAND DO NOT ALIED Character					 	16 11	1	
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								
KAREN G. DELPONTE, ESQ.								
Address				City Ziu		Zip	Zin .	
1				· ·		02903	· '	
56 EXCHANGE TERRACE, 2ND FLOOR				PROVIDENCE		102903	02800	

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

147020

File Date FILED

Check No.

OCT 1 9 2007

By:

By TOR SECRETARY OF THE 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 portect.

1/0 06/1

Signature of Authorized Person

L. ZAHVRA

Print or Type Name of Authorized Person