



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. 104825		2. Exact name of the limited liability company C.A.R.S. Realty, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF HOLDING REAL ESTATE	
5. Principal office address 1214 Hartford Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Anthony Bucci		Contact Title Manager	
Street Address 1214 Hartford Avenue		City Johnston	State RI
		Zip 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) FOR ATTACHMENT ☐			
Manager Name Anthony Bucci		Manager Name Carmelo Scuncio	
Street Address 17 Ferncrest Drive		Street Address 80 Cannon Street 10 Jessica Ct.	
City Johnston	State RI	City Cranston	State RI
Zip 02919		Zip 02920	
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name LEONARD ACCARDO, JR. ESQ.		Address	
Address 311 ANGELL STREET		City PROVIDENCE	Zip 02906

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

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.

 **10-4-07**
Signature of Authorized Person Date

Anthony Bucci, Operating Manager

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 10 2007
By:	1161
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