



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 134523		2. Exact name of the limited liability company Babida Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, LEASING AND OTHERWISE DEALING WITH REAL PROPERTY			
5. Principal office address 3340 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Grace E. Murphy			Contact Title President		
Street Address 3340 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI	Zip 02915	
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 NONE			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 KAREN G. DELPONTE, ESQ.			Address CAMERON & MITTLEMAN LLP		
Address 56 EXCHANGE TERRACE			City PROVIDENCE	Zip 02903	

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

134523

FILED	
File Date	OCT 23 2007
Check No.	1143
By:	1143
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.

Grace Murphy 10/5/07
Signature of Authorized Person Date
Grace Murphy
Print or Type Name of Authorized Person