

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.

(R.I.G.L. 7-16-66 (b&c))	is subject i	io a penaity fee of \$25.0	D.				
L. ID No.	2 Exact	t name of the limited liability company					
126052	Rugby	Realty, LLC					
3 State of Formation		4. Brief description of the	e character of the business whi	ch is actually conducted in Rhode Isl	and		
Rhode Island Acquiring, owning, developing, leasing, set				lling and otherwise dealing in and with real estate			
5. Principal office address			City	State	Zip		
885 Warren Avenue				East Providence	RI	02914	
6. MAILING ADDRE	ess of L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PE	RSON:		
Contact Name				Contact Title			
Robert J. Hoder				<u> </u>			
Street Address				City	State	$z \psi$	
885 Warren Avenue				East Providence	R∤	02914	
7. NAME AND ADD	RESS OF	EACH MANAGER (OF THE LIMITED LIABI	LITY COMPANY, IF APPLIC	ABLE - DO N	OT LIST MEMBERS	
		FILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS ("X" BOX FOR	ATTACHMENT)		
Manager Name				Manager Name			
Robert J. Hoder							
Street Address				Street Address			
885 Warren Avenue							
Cay East Providence		State RI	2ij) 02914	City	State	Zip	
Manager Name				Manager Name			
sidificinger statific							
Street Address				Street Address			
Gity	•	State	Zψ	Сиу	State	Zip	
						1	
8. RESIDENT AGEN	NT IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642	2 - R.I.G.L. 7-1	6-11	
Agent Name				Address			
KAREN G. DELPONTE, ESQ.				CAMERON & MITTLEMAN LLP			
Address				City Zip		Zip	
56 EXCHANGE TERRACE				PROVIDENCE		02903	
	_						

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

126052

File Date	FILED
Check No.	OCT 29 2007
Ву:	By 1769
1	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

Date

Robert J. Hoder

Print or Type Name of Authorized Person