

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.

1.10.10	3 Francis		<del> </del>						
1. ID No. 136896		name of the limited liability company REALTY, LLC							
3. State of Formation	Kae	4. Brief description of the character of the business which is actually conducted in Rhode Island							
1	ļ								
RHODE ISLAND		REAL ESTATE INV	ESTMENT AND MANA	AGEMENT					
5. Principal office address				City	State		Zip		
120 Suddard Lane				North Scituate	Rhode Is	iand	02857		
6. MAILING ADDRES	s of Li	MITED LIABILITY (	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:				
Contact Name				Contact Title					
Kathleen Almonte									
Street Address				City	State		Zip		
120 Suddard Lane				North Scituate	Rhode Is		02857		
7. NAME AND ADDR	ESS OF	BACH MANAGER O	F THE LIMITED LIABI	LINY COMPANY II APPLICAP	IE - IYA N	ANT TICH			
	41100100000000000000000000000000000000	FILL IN SPACE	BEFORE USING ATTA	CHMENTS (X BOX FOR ATT	ACHMENT)				
Manager Name	M40996M8753355	akinin dan kanakan kanakan dan menanah di menanah di didika	wide the control of t	рынерынун шара калында калында Мападет Name					
_									
Street Address				Compt Address					
Sireti Address			Street Address						
City	1	State	Zip	City	Ct - 4		I		
		June	zφ	Cuy	State		Zip		
Manager Name		•••••	l		l		J		
тападет ічате				Manager Name					
Street Address				Street Address	<del></del>	<del></del>			
Sireel Address				Street Augress					
City		State	Zip		T.	- 11	· · · · · · · · · · · · · · · · · · ·		
City		Siate	ZФ	City	State		Zip		
A RESTORNT ACTIVE	'IN REC	THE ISLAND TO B		nastaan kundik maan kultu haba ah adalah kultu kati da			 		
8. RESIDENT AGENT IN RHODE ISLAND : DO NOT ALTER - Changes   Agent Name			Address						
PAUL D. RAGOSTA									
Address				City	···	7			
				<sup>*</sup>		Zip 02002			
ONE TURKS HEAD PLACE, SUITE 1450			PROVIDENCE		02903				

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

136896

ATTERNATION OF THE PERSON OF T	Elizabet State on CO Winds SD Avenue				
Tills Tools		262 05	adgranasis		
	Trans & Alle	unt IV A		OR STATE	i i i i i i i i i i i i i i i i i i i
* * **		e o de set	ana a	7	
(Mar.)	1, 1, 1				
Carrier .	7 . J. 185 . T	A 755			<del>Habatani</del> II
	(		-67		
Dy:					
				100	enijo jele eri er
Action 1		GUAGE.	14.10	E ONLY	
	2.0	114 114 114			

DAIS	Citte 14 188	
	\$50	

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 /3/+3/09

Ernest A. Almonte

Print or Type Name of Authorized Person