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.	2. Exact name of the limited liability company
0099770	A.M.A. REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	ownership and development of real estate and any other lawful purpose

5. Principal office address	City	State	Zip
3348 Pawtucket Avenue	East Providence	RI	02915

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Joseph Martins	President

Street Address	City	State	Zip
3348 Pawtucket Avenue	East Providence	RI	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	Manager Name
N/A	
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	Address	
Joseph Martins	3348 Pawtucket Avenue	
Address	City	Zip
	East Providence, RI	02915

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

[redacted] [redacted]

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.

Joseph P. Martins 9/4/07
Signature of Authorized Person *Date*

Joseph P. Martins Revocable Trust Agreement
By: Joseph Martins, Co-Trustee
Print or Type Name of Authorized Person

Member

FILED
File Date NOV 28 2007
Check No.
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 07/07