



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  
(401.222.8040)

## 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.<br><b>159229</b>                                                                                                                                                                                    |                    | 2. Exact name of the limited liability company<br><b>D3Realty LLC</b>                                                   |                           |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE</b> |                           |                     |     |
| 5. Principal office address<br><b>89 Commercial Way</b>                                                                                                                                                       |                    | City<br><b>East Providence</b>                                                                                          | State<br><b>RI</b>        | Zip<br><b>02914</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |                    |                                                                                                                         |                           |                     |     |
| Contact Name<br><b>Ralph R. Delmonico, Jr.</b>                                                                                                                                                                |                    |                                                                                                                         | Contact Title             |                     |     |
| Street Address<br><b>89 Commercial Way</b>                                                                                                                                                                    |                    | City<br><b>East Providence</b>                                                                                          | State<br><b>RI</b>        | Zip<br><b>02914</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                                         |                           |                     |     |
| Manager Name<br><b>Ralph R. Delmonico, Jr.</b>                                                                                                                                                                |                    |                                                                                                                         | Manager Name              |                     |     |
| Street Address<br><b>89 Commercial Way</b>                                                                                                                                                                    |                    |                                                                                                                         | Street Address            |                     |     |
| City<br><b>East Providence</b>                                                                                                                                                                                | State<br><b>RI</b> | Zip<br><b>02914</b>                                                                                                     | 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<br><b>Jeffrey B. Cianciolo, Esq.</b>                                                                                                                                                               |                    |                                                                                                                         | Address                   |                     |     |
| Address<br><b>55 Dorrance Street, Suite 200</b>                                                                                                                                                               |                    |                                                                                                                         | City<br><b>Providence</b> | Zip<br><b>02903</b> |     |

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

159229

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>NOV 01 2007</b> |
| Check No.                       | <b>By 3832</b>     |
| By                              |                    |
| 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 **10/2/07**

**Ralph R. Delmonico, Jr.**

Print or Type Name of Authorized Person

RECEIVED  
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