

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.

(11111-01227 1-0-0-0-01227)	o onejoor	to a perially jee of \$25.0								
1. ID No.	2. Exact name of the limited liability company									
132429 TOTI REALTY, LLC										
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island								
RHODE ISLAND		REAL ESTATE IN	VESTMENT, DEVEL	/ELOPMENT AND MANAGEMENT						
5. Principal office address				City State Zip						
579 PENDAR ROA	٩D			NORTH KINGSTOWN	RI	02852				
6. MAILING ADDRE Contact Name ALAN B. TOTI	SS OF L	IMITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT PER  Contact Title  MEMBER	SON					
Street Address			·	City State Zip						
579 PENDAR ROA	\D			NORTH KINGSTOWN	RI	02852				
	اعرف أالدكّانية		re consideration and resource							
7. NAME AND ADDI	ress of	EACH MANAGER	OF THE LIMITED LIA	BILITY COMPANY, IF APPLICA	BLE - <u>DO N</u>	OT LIST MEMBERS				
	14.17111	THE IN SEAS.	S DEPURE USING A	TTACHMENTS ("X" BOX FOR AT	(ACHMENT)					
Manager Name				Manager Name						
ALAN B. TOTI			<del></del> -							
Street Address 579 PENDAR ROA	۸D			Street Address						
NORTH KINGSTO	WN	State RI	<sup>Zip</sup> 02852	City State		Zip				
Manager Name	• • • • • • • • • • • • • • • • • • • •	l	.1	Manager Name						
Street Address				Street Address						
a.		Γ_	T							
City		State	Zip	City	State	Zip				
8. RESIDENT AGENT	IN RH	 ODE ISLAND - DO	 NOT ALTER - Chang	es require filing of Form 642.	   R.I.G.L. 7-1	6-11				
Agent Name				Address						
J. RUSSELL JACKSON				26 VALLEY ROAD - SUITE 203						
Address				City	City Zip					
				MIDDLETOWN	02842					

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

132429

File Date		F	-][	E	Ð	)			
Check No		VO	Y (	) 2	20	<b>)7</b>			
<sub>Ву:</sub> В	7	١	1		5				
	FOR	SEC	RE)	ARY	OF S	TAT	E USI	ONL	<b>X</b>

	Under penalty of perjury, I declare and affirm including any accompanying schedules and scontained herein are true and offrect.	n that I have examined this report tatements, and that all statements
/	Muselle	10/31/07
//	Signifiure of Authorized Person  J. RUSSELL JACKSON	Date / /
	Print or Type Name of Authorized Person	