RI SOS Filing Number: 200703536990 Date: 11/02/2007 4:00 PM

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
128471	May Day Realty, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	HOLDING REAL ESTATE

5. Principal office address	City	State	Zip
50 Armand Way	Hope	RI	02831

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

Contact Name	Contact Title
James A. DelBonis	Manager

Street Address	City	State	Zip
50 Armand Way	Hope	RI	02831

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	Street Address	City	State	Zip
James A. DelBonis	50 Armand Way	Hope	RI	02831
Marjorie A. DelBonis	50 Armand Way	Hope	RI	02831
NONE				
NONE				

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	City	Zip
LEONARD ACCARDO, JR. ESQ.	311 ANGELL STREET	PROVIDENCE	02906-

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SECRETARY OF STATE
CORPORATIONS DIV

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.

James A DelBonis 10/24/07
Signature of Authorized Person *Date*

James A. DelBonis, Manager
Print or Type Name of Authorized Person

FILED
File Date NOV 02 2007
Check No.
By: By
16278-63-200587
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[redacted]

Form 632 Rev. 07/07