RI SOS Filing Number: 200703538750 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
125262	VILLAR REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	ENGAGE IN THE BUYING AND SELLING OF REAL ESTATE

5. Principal office address	City	State	Zip
8425 105th St.	Richmond Hill	NY	11418

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

Contact Name	Contact Title
MARIA VILLAR	MEMBER

Street Address	City	State	Zip
8425 105th St.	Richmond Hill	NY	11418

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
MARIA VILLAR	
Street Address	Street Address
8425 105th Street	
City / State / Zip	City / State / Zip
Richmond Hill / NY / 11418	
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		
RESNICK LAW ASSOCIATES			
Address	City		Zip
1005 RESERVOIR AVENUE	CRANSTON		02910-

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.

Maria Villar 10/18/2007
Signature of Authorized Person *Date*

MARIA VILLAR
Print or Type Name of Authorized Person

FILED
File Date NOV 02 2007
Check No.
By: By 148

16278-79-200603
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 07/07