

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

Providence, RI 02904-2615 401.222.3040

2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_

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. 109506		name of the limited liability company REALTY, LLC						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the bust PURCHASE AND SALE OF REAL ES				business which is actually conducted in h. ESTATE AND MANAGEMENT TH	ness which is actually conducted in Rhode Island TATE AND MANAGEMENT THEREOF			
5. Principal office ad	dress			City	State	Zip		
15 Stirling Drive			N. Scituate	RI	02857			
	RESS OF L	IMITED LIABII	LITY COMPANY AN	ND NAME OR TITLE OF CONTA	CT PERSON:	•		
Classia I	Dianin			Contact Title				
Cheri L.	KICCIO			Member		- Indiana and a second a second and a second a second and		
Street Address	no Dai	***		City	State	Zip		
15 Stirling Drive			N. Scituate	RI	02857			
7. NAME AND A	DDRESS OF	EACH MANAG	ER OF THE LIMIT	ED LIABILITY COMPANY, IF A	PPLICABLE DO N	OT LIST MEMBERS		
		FILL IN S	PACES BEFORE US	SING ATTACHMENTS ("X" BOX	FOR ATTACHMENT)			
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
City		State	Zip	Сйу	State	Zip		
			ŀ					
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
	- -							
City		State	Zip	City	State	Zip		
		ĺ		•				
8. RESIDENT AG Agent Name	ENT IN RH	ODE ISLAND -	DO NOT ALTER -	Changes require filing of Form	m 642 - R.I.G.L. 7-10	6-11		
FRED J. VOLPE, ESQ.				Address				
· · · · · · · · · · · · · · · · · · ·				130 TOWER HILL ROAD				
P.O. BOX 444			NORTH KINGSTOWN		Zip 02852			

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

File Date _	FILED	
Check No	NOV 2 8 2007	:
_{By:} By	4779	
F	OR 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

Cheri L. Riccio

Print or Type Name of Authorized Person