



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
401.222.3046

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. 116041		2. Exact name of the limited liability company: DEL SESTO REALTY GROUP, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL AND COMMERCIAL CONSTRUCTION, PURCHASE AND SALES OF REAL ESTATE			
5. Principal office address 188 OAK HILL AVENUE		City PAWTUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KATHY DEL SESTO		Contact Title MANAGER			
Street Address 188 OAK HILL AVENUE		City PAWTUCKET	State RI	Zip 02860	
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 KATHY DEL SESTO		Manager Name RICHARD DEL SESTO			
Street Address 188 OAK HILL AVENUE		Street Address 188 OAK HILL AVENUE			
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
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 ROGER L. COUTU, JR., ESQ.		Address 222 JEFFERSON BLVD.			
Address		City WARWICK	Zip 02888		

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

116041

FILED	
File Date	DEC 04 2007
Check No.	
By:	Opb 43657
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

Kathy Del Sesto, Manager
Print or Type Name of Authorized Person