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

1. ID No.	*2. Exact name of the limited liabilty company*
144520	SMLS 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 OWNERSHIP AND MANAGEMENT

5. Principal office address	*City*	*State*	*Zip*
15 KRISTEN COURT	CRANSTON	RI	02921-

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

Contact Name	*Contact Title*
CARLOS TARAKTZIAN	

Street Address	*City*	*State*	*Zip*
15 KRISTEN DRIVE	CRANSTON	RI	02921-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	*Manager Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
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*
CARL I. FREEDMAN, ESQ.	ONE PARK ROW, SUITE 300
Address	*City* / *Zip*
	PROVIDENCE / 02903-

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

1 4 4 5 2 0

144520 DLLC FILED 12/31/07 02:12:09 PM

File Date JAN 04 2008

Check No. 0449 88 12'02

By

By:

FOR SECRETARY OF STATE USE ONLY

17288-3-204754

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* 10/2/07

Carlos Taraktzian
Print or Type Name of Authorized Person

Form 632 Rev. 12/05