



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. 144520 | | 2. Exact name of the limited liability company SMLS Realty, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND MANAGEMENT | |
| 5. Principal office address 15 KRISTEN COURT | | City CRANSTON | State RI |
| Zip 02921- | | | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name CARLOS TARAKTZIAN | | Contact Title | |
| Street Address 15 KRISTEN DRIVE | | City CRANSTON | State RI |
| Zip 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) <input type="checkbox"/> 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 | City | State |
| Zip | City | State | Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| State | Zip | 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 CARL I. FREEDMAN, ESQ. | | Address ONE PARK ROW, SUITE 300 | |
| Address | | City PROVIDENCE | Zip 02903 |

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



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144520 DLLC FILED 12/26/07 12:12:09 PM
File Date JAN 04 2008
Check No. 045988 12/02
By: _____
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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.

Carlos Taraktzian 12/2/07
Signature of Authorized Person Date
Carlos Taraktzian
Print or Type Name of Authorized Person