



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. <u>120965</u>		2. Exact name of the limited liability company <u>SCGL Realty</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Buying and selling of real estate for income</u>			
5. Principal office address <u>41 Army St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Gregory Costantino</u>			Contact Title		
Street Address <u>41 Army St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
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) <input type="checkbox"/>					
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 <u>Gregory Costantino</u>			Address		
Address <u>41 Army St</u>			City <u>Providence, RI</u>	Zip <u>02909</u>	

FILED

JAN 15 2008

By AMF

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

11:23
11-46840

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.

Gregory Costantino
Signature of Authorized Person Date

Gregory Costantino
Print or Type Name of Authorized Person

File Date 02-11-08

Check No. _____

By: _____

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