



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.		2. Exact name of the limited liability company <b>Veritage Realty, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real estate sales, acquisitions, leasing, development, and management.</b>			
5. Principal office address <b>559 Killingly Street</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Corey J. Allard</b>		Contact Title <b>President/ Principal Broker</b>			
Street Address <b>66 Greenville Avenue</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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 <b>Corey J. Allard</b>		Address			
Address <b>66 Greenville Avenue</b>		City <b>Johnston</b>	Zip <b>02919</b>		

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
MAY 13 - 8 AM 8:39

File Date	<b>FILED</b>
Check No.	<b>MAY 08 2008</b>
By:	<b>5303</b>
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.

**Corey J. Allard** **5/6/08**  
Signature of Authorized Person Date  
**Corey J. Allard**  
Print or Type Name of Authorized Person