



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.<br>118755  |             | 2. Exact name of the limited liability company<br>MegaZone Realty LLC   |              |              |
| 3. State of Formation  |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Buy and Sell Real Estate |              |              |
| 5. Principal office address<br>451 Hartford Ave.   |             | City<br>Providence  | State<br>RI  | Zip<br>02909 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |             |   |              |              |
| Contact Name<br>Teofilo Regus  |             | Contact Title<br>Member   |              |              |
| Street Address<br>451 Hartford Ave.  |             | City<br>Pro   | State<br>RI  | Zip<br>02909 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> |             |   |              |              |
| Manager Name<br>Teofilo Regus  |             | Manager Name  |              |              |
| Street Address<br>451 Hartford Ave.  |             | Street Address  |              |              |
| City<br>Providence   | State<br>RI | Zip<br>02909  | City         | State        |
| Manager Name   |             | Manager Name  |              |              |
| Street Address   |             | Street Address  |              |              |
| City   | State       | Zip   | City         | State        |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11   |             |   |              |              |
| Agent Name<br>Teofilo Regus  |             | Address   |              |              |
| Address<br>451 Hartford Ave.   |             | City<br>Providence  | Zip<br>02909 |              |

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

|                                 |         |
|---------------------------------|---------|
| File Date                       | 6-20-08 |
| Check No.                       | 124     |
| By:                             | MRC     |
| 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: 6/17/08  
Print or Type Name of Authorized Person: Teofilo Regus