



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 2008**

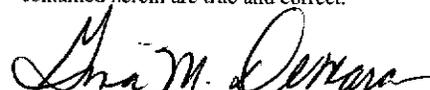
**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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. <b>120551</b>		2. Exact name of the limited liability company <b>DeMarco Realty, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>to deal with real estate</b>			
5. Principal office address <b>69 Fletcher Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920-0000</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>The Gina M. DeMarco Revocable Trust Agreement</b>			Contact Title <b>Member</b>		
Street Address <b>69 Fletcher Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920-0000</b>	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>N/A</b>			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
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name <b>Anthony DeMarco</b>			Address <b>69 Fletcher Avenue</b>		
Address		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	

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

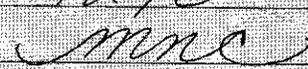
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

 September 2, 2008  
Signature of Authorized Person Date

**The Gina M. DeMarco Revocable Trust Agreement**

**By: Gina M. DeMarco, Trustee**

Member  
Print or Type Name of Authorized Person

File Date	<b>8-27-08</b>
Check No.	<b>1270</b>
By:	
FOR SECRETARY OF STATE USE ONLY	