

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.

125175 Tailor Wade Realty, LLC	1. ID No.	2. Exact name of the limited liability company								
Street Address Stre	125175	Tailor								
Street Address City Warwick RI 02886	3. State of Formation	1	4. Brief description of the character of the husiness which is actually conducted in Rhode Island							
Street Address Stre	Rhode Island realty holding company									
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTACT PERSON: Contact Title member Street Address 205 Hallene Road 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) Manager Name Street Address City State Zip Gity State Zip Manager Name Manager Name Manager Name Street Address Street Address City Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip	5. Principal office address				, ,	I		1		
Contact Name	205 Hallene Road				•			02886		
Wincent Lamoriello member Street Address City Stake Zip 205 Hallene Road RI 02886 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)	6. MAILING ADDRE	SS OF L	MITED LIABILITY	COMPANY AND NAME		ACT PERSON:				
Street Address Street Address City Warwick RI 02886 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) Manager Name Street Address City State Zip State Zip City State Zip State Zip City State Zip State Zip										
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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) Manager Name Street Address City State Zip Giy State Zip Manager Name Street Address City State Zip					•	1				
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City State Zip City State Zip Zip	Manager Name				Manager Name					
City State Zip City State Zip Zip					<u> </u>					
	Street Address				Street Address					
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11	City		State	210	i	June		Lag-		
O. RESIDENT HOLEST IN RELIGION TO THE STATE OF THE STATE	Q DESIDENT ACEN	IT IN RH	l ODE ISLAND - DO	1 NOT ALTER - Changes	require filing of Fo	rm 642 - R.I.G.L. 7	-16-11			
(11	Agent Name									
Rodio & Ursillo, Ltd.		.td.			1					
Address Ctty Zip					City		Zip	Zip		
86 Weybosset Street Providence 02903					Providence		02903			

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

125175

	FILED
File Date _ Check No.	SEP 17 2008
By:	By 10467
G	OR SECRETARY OF STATE USE ONLY

Under penalty of periu	ry, I declare and affirm t	that I have exami	ned this report
including any accompa	mying schedules and sta		
contained terrin are tr	ue and correct	h	
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Signature of Authorized Person

Vincent Lamoriello

Print or Type Name of Authorized Person