



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. 130101		2. Exact name of the limited liability company Caromar Realty LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate ownership and management			
5. Principal office address 1155 Atwood Avenue		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven F. Pagliarini			Contact Title Manager		
Street Address 1155 Atwood Avenue		City Johnston	State RI	Zip 02919	
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 Steven F. Pagliarini			Manager Name Paul A. Pagliarini		
Street Address 1155 Atwood Avenue			Street Address 22 Elisha Mathewson Road		
City Johnston	State RI	Zip 02919	City North Scituate	State RI	Zip 02857
Manager Name James M. Pagliarini			Manager Name		
Street Address 69 Rollingwood Drive			Street Address		
City Johnston	State RI	Zip 02919	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 Norman Jay Bolotow			Address		
Address 95 Chestnut Street			City Providence	Zip 02903	

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

130101

**FILED**

File Date **SEP 17 2008**  
Check No. **By 1434**  
By: \_\_\_\_\_

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.

*Steven F. Pagliarini* 9/10/08  
Signature of Authorized Person Date

Steven F. Pagliarini

Print or Type Name of Authorized Person