

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 632 Rev. 07/07

## 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

1. ID No.	2. Exact n	t to a penalty fee of \$25.00. It name of the limited liability company						
151267	JF REA	ALTY LLC						
3. State of Formation 4. Brief description of the character of the busine				iness which is actually conducted in Rh	oode Island			
RHODE ISLAN	ΔN DI	OWNERSHIP	OF REAL ESTATE					
5. Principal office address				City	State		Zip	
12 Ann & Hope Way				Cumberland	RI		02864	
6. MAILING ADI	DRESS OF LI	MITED LIABII	LITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:			
Contact Name				Contact Title	Contact Title			
Joseph Raheb				Attorney				
Street Address				<i>City</i> Lincoln	State		Zip	
650 Washingto	850 Washington Hwy.				RI		02865	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED FILL IN SPACES BEFORE USING				Manager Name	:			
C								
Street Address			Street Address					
City		State	Zip	City	State		Zip	
Manager Name				Manager Name				
Street Address				Street Address	Street Address			
City		State	Zip	City	State	<u> </u>	Zip 🔠	
8 RESIDENT A	GENT IN RH	 ODE ISLAND	 - DO NOT ALTER - CI	hanges require filing of For	 m 642 - R.I.G.L. 7-1	6-11	ı	
Agent Name				Address			NE SEE	
Joseph Raheb, Esq.				City		Ζip	40 BES	
Address 650 Washington Hwy.				Lincoln		02865	<u> </u>	
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	Under penalty of perury, I declare and affirm that I have examined this report, including any according to schedules and statements, and that all statements,
File Date 9-18-08	contained herein and correct.
Check No	Strature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person Form 632 Rev. 07/07