



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

1. ID No. 93482		2. Exact name of the limited liability company 90 Byfield St. Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND OPERATION OF REAL ESTATE	
5. Principal office address 90 BYFIELD STREET		City WARWICK	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN W CIAMBRONE		Contact Title Member	
Street Address 90 BYFIELD ST.		City WARWICK	State RI
		Zip 02888-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12(a)(2) 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT A. PERETTI, ESQ.		Address 1536 WESTMINSTER STREET	
Address		City PROVIDENCE	Zip 02909

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



9 3 4 8 2

93482 DLIC 09/20/08 03:04:49 PM


File Date **FILED**

Check No. **SEP 19 2008**

By: **By 1107**

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.

 9/12/08
Signature of Authorized Person Date

Stephen W. Ciambrone, Member
Print or Type Name of Authorized Person