



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. 105001		2. Exact name of the limited liability company SKI-PAR REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, HOLD, DEVELOP, SELL, LEASE OR OTHERWISE TRANSFER OR DISPOSE REAL ESTATE	
5. Principal office address 133 OLD TOWER HILL ROAD, SUITE 1		City WAKEFIELD	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL RAND		Contact Title MEMBER/MANAGER	
Street Address 198 INDIAN TRAIL		City SAUNDERSTOWN	State RI
		Zip 02874	
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 MICHAEL RAND		Manager Name	
Street Address 198 INDIAN TRAIL		Street Address	
City NARRAGANSETT	State RI	Zip 02882	
Manager Name		Manager Name	
Street Address		Street Address	
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 STEPHEN B. KENYON		Address	
Address 133 OLD TOWER HILL ROAD, SUITE 1		City WAKEFIELD	Zip 02879

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

105001

<b>FILED</b>	
File Date	SEP 18 2008
Check No.	
By:	By 3643
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.

  
Signature of Authorized Person Date  
MICHAEL RAND  
Print or Type Name of Authorized Person