

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* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 (bere)) is subject to a penalty fee of \$25.00.

1. ID No.	2. Exact name of the li	2. Exact name of the limited liability company					
274332	Ralls, LLC						
3. State of Formation RHODE ISLAN	100110	4. Brief description of the character of the husiness which is actually conducted in Rhode Island DEVELOPMENT OF REAL ESTATE					
5. Principal office address 1414 Atwood Avenue			City Johnston	State RI	<i>z</i> φ 02919		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Alfred Carpionato			D NAME OR TITLE OF CONTA Contact Title Member	Contact Title			
Street Address 1414 Atwood Avenue			Giy Johnston	State RI	^{Zip} 02919		
7. NAME AND AD	gga agga agus agus agus gu bar agus agus agus agus agus gu bar agus agus agus agus agus agus agus agus	NAGER OF THE LIMIT N SPACES BEFORE US	ED LIABILITY COMPANY, IF / ING ATTACHMENTS ("X" BO	APPLICABLE DO NOT			
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zijγ	City	State	Ζίρ		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Ζψ	City	State	Ζψ		
	ENT IN RHODE ISLA		. Chaman anni- fil-	of Form 642 PLC 1 7 1	16.13		
This information is	currently of record in t	ne Office of the Secretary	y of State. Changes require filing	oi roim 042 - K.I.G.L. /-1	10-11		

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

	9-11-08
File Date	7-26-08
Check No	0000.3097
Rv:	mnc
FO	R SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I de lare	and athur that I ha	we examined this report,
including any accompanying seled		s and that all statements
contained herein are true and corne	9////	41-11
	7-1//	
11/11/11/11		
LUTEL COM		
Signature of Authorized Person	/ Bate	

Alfred Carpionato

Print or Type Name of Authorized Perso

Form 632 Rev. 08/08