

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

2008

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

_ ,,,,,,,			G	
THIS REPORT	MIST BE TYP	ED OR PRINTED	LEGIBLY IN	BLACK INK

1. IID No.	2. Exact n	ame of the limited liabilit	y company			
165287		ealty, LLC.				
3. State of Formation				b is actually conducted in Rhode Islana	i	
Rhode Island		Purchase and sa	le of real estate	3		
5. Principal office address			City	State	Ζip	
212 Bay Spring Avenue			Barrington	RI	02806	
6. MAILING ADDRES	SS OF LI	MITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:	
Contact Name			Contact Title			
Elaine C. Jones			Managing Member			
Street Address			City Barrington	State RI	<i>Ζφ</i> 02806	
212 Bay Spring Avenue					02006 	
7, NAME AND ADDI	ess of i	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE - <u>DO N</u>	OT LIST MEMBERS
	v mante	FILL IN SPACES I	BEFORE USING ATTAC	HMENTS ("X" BOX FOR AT	7-16-12 (a	□) (2) / 7·16-52
ANY MODIFICATIONS TO MANAGERS REQUIRES FIL. Manager Name			рышин 2012 — 2000 или принципичення принципичення до 2002 году. Так до принципичення 2000 году 2000 году 2000 году. Манадет Name			
sumager sume						
Street Address			Street Address			
Citv		State	Zip	City:	State	Zip
-			,			
Manager Name			Manager Name			
Street Address				Street Address		
	·····				L a	
City	ļ ·	State	Zip	City	State	Ζip
8 RESIDENT AGENT	I'IN RHO	DE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	, R.I.G.L. 7-1	
Agent Name	durabilibbi ba	suduodi hisobaalka Kiili salkiolikki		Address	7-06B; 400BB00S	areadenamento de la composició de la com
Jules J. D'Alessandro			D'Alessandro & Wright, LLC.			
Address				City	Z:p	
1000 Smith Street			Providence	02908		
						· · · · · · · · · · · · · · · · · · ·

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



	delication the late delication to \$2.63
C CONTROL CONT	
OCT A B AAAA	
OCT A 9 3000	
FICT A 9 2000	
DOT 0.3 2008	
OCT 0.3 2008	
OCT 0 3 2008	
OCT 0 3 2008	
OCT 0.3 2008	
OCT 0 3 2008	
OCT 0 3 2008	
By: OCT 0 3 2008	
By: #\$\far{\begin{array}{cccccccccccccccccccccccccccccccccccc	
By top score 1800	
By: #\$\far{\begin{array}{cccccccccccccccccccccccccccccccccccc	
By top score 1800	
By top score 1800	
By top score 1800	
BV - OR SHOW AND A SHOWN	

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

Print or Type Name of Authorized Person

Form 632 Rev. 08/06