

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.

(R.I.G.L. 7-16-66 (b&c)) i	-	o a penalty fee of \$25.00.				<u></u>		
1. ID No.		name of the limited liability company						
137155	Ward i	Realty, LLC						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
Rhode Island to hold, manage, lease, rent, mortgage, sell				l. convey or otherwise deal in and with real estate				
5. Principal office address			City	State		<i>zip</i> 02895		
400 South Main Street			Woonsocket	RI		02093		
6 MAILING ADDRE	SS OF L	imited liability C	OMPANY AND NAME	OR TITLE OF CONTACT PERSON: Contact Title				
David J. Ward				Member				
Street Address				City	State		Zip	
				Woonsocket	RI	and the second s	02895	
		SECTION ASSESSMENT OF	2 PROPERT EMPTER A LIA RE	LITY COMPANY, IF APPLIC	able - DO N	OT LIST	MEMBERS	
7. NAME AND ADD	gros ur	FILL IN SPACES	BEFORE USING ATT	CHMENTS ('X" BUX FOR I	ATTACHMENT)			
等价差别用进产类。由18.11年5年6.2克克克克克安尼加克拉托巴州市间沿线和加州市场 \$436年加州中间企业中的00.500.000.000.000.000.000.000.000.000.				Manager Name				
Manager Name								
Street Address			Street Address					
City		State	Zip	City	State		Zip	
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Manager Name				Manager Name				
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City		State	Zip	City	State			
			or After Changes	require filling of Form 64	2 - R.I.G.L. 7-1	6-11		
S. RESIDENT AGENT IN RHODE ISLAND . DO NOT ALTER . Changes. Agent Name				Address				
·								
Joseph J. Recupero				City		Zip		
				Providence, RI		02909		
362 Broadway								

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

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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.

Date

9/1/08

David J. Ward

Print or Type Name of Authorized Person

Form 632 Rev. 07/07