



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. 139584		2. Exact name of the limited liability company PIOG Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND OPERATE REAL ESTATE	
5. Principal office address 333 SCHOOL STREET, SUITE 200		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TOLGA KOKTURK, M.D.		Contact Title MEMBER	
Street Address 333 SCHOOL STREET, SUITE 200		City PAWTUCKET	State RI
		Zip 02860	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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 SCOTT L. HAMMER, ESQ.		Address HODOSH, LYON & HAMMER, LTD	
Address 1023 POST ROAD		City WARWICK	Zip 02888

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

139584

FILED	
File Date	OCT 06 2008
Check No.	
By	By <u>2650</u>
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
TOLGA KOKTURK, M.D.
Print or Type Name of Authorized Person

9/22/08
Date