



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.<br><b>161305</b>                                                                                                                                                                                    |       | 2. Exact name of the limited liability company<br><b>ADELPHIA REALTY, LLC</b>                                                                                      |                     |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>BUY, SELL, LEASE, OWN AND DEAL WITH AND IN REAL ESTATE</b> |                     |                     |     |
| 5. Principal office address<br><b>120 DUDLEY STREET, SUITE 303.</b>                                                                                                                                           |       | City<br><b>PROVIDENCE</b>                                                                                                                                          | State<br><b>RI</b>  | Zip<br><b>02905</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                                                    |                     |                     |     |
| Contact Name<br><b>ROBERT H. JANIGIAN, JR., M.D.</b>                                                                                                                                                          |       |                                                                                                                                                                    | Contact Title       |                     |     |
| Street Address<br><b>120 DUDLEY STREET, SUITE 303</b>                                                                                                                                                         |       | City<br><b>PROVIDENCE</b>                                                                                                                                          | State<br><b>RI</b>  | Zip<br><b>02905</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                                    |                     |                     |     |
| Manager Name<br><b>NONE</b>                                                                                                                                                                                   |       |                                                                                                                                                                    | Manager Name        |                     |     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                                                                    | Street Address      |                     |     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                                | City                | State               | Zip |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                                                                    | Manager Name        |                     |     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                                                                    | Street Address      |                     |     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                                | 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<br><b>E. COLBY CAMERON</b>                                                                                                                                                                         |       |                                                                                                                                                                    | Address             |                     |     |
| Address<br><b>56 EXCHANGE TERRACE</b>                                                                                                                                                                         |       | City<br><b>PROVIDENCE</b>                                                                                                                                          | Zip<br><b>02903</b> |                     |     |

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

161305

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 07 2008</b> |
| By                              | <b>By 1048</b>     |
| 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

**ROBERT H. JANIGIAN, JR., M.D.**

Print or Type Name of Authorized Person

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