

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 (b&c)) is subject to a penalty fee of \$25,00.

1. ID No. 159329	2. Exact name of the lim JLM Realty, LLC	ct name of the limited liability company Realty, LLC					
3. State of Formation 4. Brief description of the character of the husiness we Real Estate Holding Company			business which is actually conducted in Y	bich is actually conducted in Rhode Island			
5. Principal office address 1347 Hartford Avenue			Johnston	State RI	Zip 02919		
6. MAILING ADD Contact Name Joseph L. Mans		SILITY COMPANY AN	ND NAME OR TITLE OF CONT. Contact Title Member	ACT PERSON:	A Linder A Lay 1957		
Street Address 1347 Hartford Avenue			<i>City</i> Johnston	State RI	^{Zip} 02919		
7. NAME AND AD Manager Name NONE	DRESS OF EACH MAN	ager of the Limit spaces before us	ED LIABILITY COMPANY, IF ING ATTACHMENTS (XX BO Manager Name NONE	APPLICABLE - <u>DO NOT</u> X FOR ATTACHMENT)	LIST MEMBERS		
Street Address			Street Address	Street Address			
City	State	Zip	City:	State	Zip		
Manager Name NONE			Manager Name NONE	•			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	INT IN RHODE ISLAND currently of record in the		y of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	6-11		

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

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File Date			
	0 7 2008		
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By_ FOR SEC	RETARY OF ST	ATE USE ONL	

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.

Strature of Authorized Person

Date

Joseph L. Mansolillo, Member

Print or Type Name of Authorized Person