

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.

	is subject to a penalty fee of $\varphi$ .							
1. ID No.	2. Exact name of the limit	name of the limited liability company						
146466	ANDRADE REALT	IDRADE REALTY ASSOCIATES, LLC						
3. State of Formation	4. Brief descript	4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	REAL E	STATE DEVELOPMEN	IT					
5. Principal office addres	ss		City	State	Zip			
225 WOOD STREET			BRISTOL	RI	02809			
6. MAILING ADDRI	ESS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTAC	T PERSON:				
Contact Name			Contact Title					
ADRIANO ANDRA[	DE		MEMBER					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name ADRIANO ANDRADE  Street Address 225 WOOD STREET  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED FILL IN SPACES BEFORE USING Manager Name  Street Address		City	State	Zip				
225 WOOD STREET			BRISTOL	RI	02809			
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Court 4 J.June			Street Address					
Street Address			Greet Hurress					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Ζip			
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This information is c	urrently of record in the	Office of the Secretar	y of State. Changes require filing of	Form 642 - R.I.G.L. 7-1	16-11			

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.

Adreanto Ambrade
Signature of Authorized Person

10-9-08

Print or Type Name of Authorized Person