RI SOS Filing Number: 200836361850 Date: 10/10/2008 4:00 PM

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.	2. Exact name of the limited liability company
91404	VOTOLATO & PAZIENZA REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWN REAL ESTATE

5. Principal office address	City	State	Zip
266 WAYLAND AVENUE	PROVIDENCE	RI	02906

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ERNEST P. VOTOLATO, D.M.D.	

Street Address	City	State	Zip
266 WAYLAND AVENUE	PROVIDENCE	RI	02906

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) ☐

Manager Name	Manager Name
NONE	
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	Address		
E. COLBY CAMERON, ESQ.			
Address	City	Zip	
56 EXCHANGE TERRACE	PROVIDENCE	02903	

FILED
2008 OCT 10 P 12:35
SECRETARY OF STATE
CORPORATIONS DIV.

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

91404

File Date	FILED
Check No.	OCT 10 2008
By:	By 1725

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.

Ernest P. Votolato, DMD 10-8-08

Signature of Authorized Person *Date*

ERNEST P. VOTOLATO, D.M.D.

Print or Type Name of Authorized Person

26966-18-290150

Form 632 Rev. 07/07