



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. 126642		2. Exact name of the limited liability company WORTMAN REALTY, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL PROPERTY OWNERSHIP AND MANAGEMENT	
5. Principal office address 75 NEW ROAD		City EAST PROVIDENCE	State RI
		Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DANIEL T WORTMAN		Contact Title MANAGER	
Street Address 75 NEW ROAD		City EAST PROVIDENCE	State RI
		Zip 02916	
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 DANIEL T WORTMAN		Manager Name	
Street Address 75 NEW ROAD		Street Address	
City EAST PROVIDENCE	State RI	Zip 02916	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 DENNIS R. GANNON		Address 1140 RESERVOIR AVENUE, SUITE 3A	
Address		City CRANSTON	Zip 02920

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

126642

File Date	FILED
Check No.	OCT 10 2008
By	3734
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 *Daniel T. Wortman* Date *9/8/08*
Print or Type Name of Authorized Person DANIEL T. WORTMAN