



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. 136898		2. Exact name of the limited liability company Rainbow Realty LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address 174 Armistice Boulevard, Unit C		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joyce Coppola		Contact Title Manager	
Street Address 174 Armistice Boulevard, Unit C		City Pawtucket	State RI
		Zip 02860	
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 Joyce Coppola		Manager Name	
Street Address 174 Armistice Boulevard, Unit C		Street Address	
City Pawtucket	State RI	Zip 02860	
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 William G. Savastano, Esq.		Address	
Address 117 Eddie Dowling Highway		City North Smithfield	Zip 02896

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

136898

FILED	
File Date	OCT 22 2008
Check No.	
By:	By 254
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.

Joyce Coppola **ms** **9/20/08**
Signature of Authorized Person Date
Joyce Coppola
Print or Type Name of Authorized Person