



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.<br>146390                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>Rogeoff Realty, LLC                                                                               |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Buy, Sell, Commercial, Residential Real Estate |              |
| 5. Principal office address<br>1193 Main Street                                                                                                                                                               |       | City<br>West Warwick                                                                                                                                | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02893                                                                                                                                        |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                                     |              |
| Contact Name<br>Roger Rousselle                                                                                                                                                                               |       | Contact Title<br>MANAGER                                                                                                                            |              |
| Street Address<br>10 Cedar Pond Drive, Apt. 10                                                                                                                                                                |       | City<br>Warwick                                                                                                                                     | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02886                                                                                                                                        |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                     |              |
| Manager Name<br>ROGER ROUSSELLE                                                                                                                                                                               |       | Manager Name<br>MANAGER                                                                                                                             |              |
| Street Address<br>SAME AS ABOVE                                                                                                                                                                               |       | Street Address                                                                                                                                      |              |
| City                                                                                                                                                                                                          | State | City                                                                                                                                                | State        |
|                                                                                                                                                                                                               |       |                                                                                                                                                     |              |
| Manager Name<br>GEOFFREY ROUSSELLE                                                                                                                                                                            |       | Manager Name<br>MANAGER                                                                                                                             |              |
| Street Address<br>SAME AS ABOVE                                                                                                                                                                               |       | Street Address                                                                                                                                      |              |
| City                                                                                                                                                                                                          | State | City                                                                                                                                                | State        |
|                                                                                                                                                                                                               |       |                                                                                                                                                     |              |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                                      |       |                                                                                                                                                     |              |
| Agent Name<br>G. JOHN GAZERRO, JR., ESQ.                                                                                                                                                                      |       | Address                                                                                                                                             |              |
| Address<br>1551 Centreville Road                                                                                                                                                                              |       | City<br>Warwick, RI                                                                                                                                 | Zip<br>02886 |

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

|                                 |          |
|---------------------------------|----------|
| File Date                       | 10-22-08 |
| Check No.                       | 0172     |
| By                              | MNC      |
| 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.

Roger Rousselle 9/20/2008  
Signature of Authorized Person Date  
Roger Rousselle, Member  
Print or Type Name of Authorized Person