

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.

| 1, 1D No. 160382 | 1 | 2. Exact name of the limited liability company INDEPENDENT BROKERS REALTY OF R.I. LLC. | | | | | |
|--|------------|--|--|---|---|---------------------|--|
| 3. State of Formation Rhode Island 4. Brief description of the character of the business To develop/sell/buy/lease resident | | | | which is actually conducted in Rhode Island tial and/or commercial real estate | | | |
| 5. Principal office address 1057 Reservoir Avenue, Suite B | | | | City Cranston | State RI | <i>ZФ</i> 02910 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAT Contact Name Anthony G. D'uva, Jr. | | | | NAME OR TITLE OF CONTA Contact Title Manager | Contact Title | | |
| Street Address 1057 Reservoir Avenue, Suite B | | | | City Cranston | State RI | Ζψ 02910 | |
| 7. NAME AND ADI | RESS OF | | Carrier and the Control of the Contr | LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BOX | | LIST MEMBERS | |
| Manager Name Robert N. Santilli, Sr. | | | | Manager Name Anthony G. D'uva, | Manager Name Anthony G. D'uva, Jr. | | |
| Street Address 1057 Reservoir Avenue, Suite B | | | | Street Address 1057 Reservoir Av | Street Address 1057 Reservoir Avenue, Suite B | | |
| <i>сиу</i> Cranst on | | state RI | <i>Ζψ</i> 02910 | பர Cranston | State RI | <i>z</i> φ 02910 | |
| Manager Name | | ••••• | | Manager Name | | | |
| Street Address | | | | Street Address | Street Address | | |
| City | | State | Ziφ | City | State | Zip | |
| 8. RESIDENT AGE | | | | | | | |
| This information is c | urrently o | f record in the | Office of the Secretary of | State. Changes require filing of | of Form 642 - R.I.G.L. 7-1 | 6-11 | |

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

File Date FILED

Check No. OCI 2.8 2008

By: By: 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 begin are true and correct.

Signafare of Authorized Person

Anthony G. D'uva, Jr.

Print or Type Name of Authorized Person