

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