

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 (hebr)) is subject to a penalty fee of \$25,00

(R.I.G.L. 7-16-66 (b&c)) i	is subject to a penalty fee of \$25.00.						
1. ID No. 116041	-	act name of the limited liability company  SESTO REALTY GROUP, LLC					
3. State of Formation Rhode Island	4. Brief description of Residential and	4. Brief description of the character of the husiness which is actually conducted in Rhode Island Residential and Commercial Construction, Purchase, and Sale of Real Estate					
5. Principal office address 188 Oak Hill Avenue			City Pawtucket	State Rhode Island	<sup>Zip</sup> 02860		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND R Contact Name  Kathy Del Sesto			NAME OR TITLE OF CONTACT PERSON:  Contact Title  Manager				
Street Address 188 Oak Hill Avenue			City Pawtucket	State Rhode Island	Zip 02860		
7. NAME AND ADD			D LIABILITY COMPANY, IF AP IG ATTACHMENTS ("X" BOX	PLICABLE - DO NOT LIS	T MEMBERS		
Manager Name Kathy Del Sesto			Manager Name				
Street Address 188 Oak Hill Avenue			Street Address				
City Pawtucket	State Rhode Island	<sup>Zip</sup> 02860	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	T IN RHODE ISLAND urrently of record in the Office	e of the Secretary of	of State. Changes require filing of	f Form 642 - R.I.G.L. 7-16-11			
					7rs 007 29 711 2:		
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					Marie Control		

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File Date FILED					
Check No					
By: S 4400  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

Date

Kathy Del Sesto

Print or Type Name of Authorized Person