

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 (befor)) is subject to a penalty be of \$25.00.

	subject to a penalty fee of \$25					_	
1.110 No. 140949	2. Exact name of the limited Dennis' Realty, LLC						
3. State of Formation Rhode Island	4. Brief description To acquire, o	of the character of the bown, hold, improv	business which is actually conducted in Rh re, manage and operate real (	estate			
5. Principal office address 103 Cottage Street			Pawtucket	State RI	<del>Zゆ</del> 02860		
6. MAILING ADDRES Contact Name DENNIS E. ROBIN		JTY COMPANY AN	ID NAME OR TITLE OF CONTAC Contact Title MEMBER	CT PERSON:			
Street Address 15 EBEN BROWN	LANE		CENTRAL FALLS	State RI	24p 02863		
7. NAME AND ADDR			ED LIABILITY COMPANY, IF AP	PPLICABLE - DO NOT			
Manager Name			Manager Name	Manager Name			
Street Address	,		Street Address				
City	State	Ζip	СЦу	State	Zψ		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	Stesto	Zip	СПу	State	$Z\dot{\psi}$		
8. RESIDENT AGENT This information is cur		office of the Secretar	y of State. Changes require filing of	Form 642 - R.I.G.L. 7-	16-11		

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

14049

File Date FILED
Check No. OCT 2 9 2008
By: 5 5 6 / 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 increase are true and correct.

Signature of Authorized Person

Date

DENNIS E. ROBINSON, MEMBER

Print or Type Name of Authorized Person