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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 (h&c)) is subject to a penalty fee of \$25.00.

| (K.I.G.L. /-10-00 (D&C)) i | s subject to a penuity jee | oj \$25.00. | | | | |
|---|--|--|--|--|----------------------|--|
| 1. ID No. 110891 | 2. Exact name of the limited liability company RCM REALTY, LLC | | | | | |
| 3. State of Formation 4. Brief description of the character of the business wh RI Real Estate Holding | | | bich is actually conducted in Rhode | Island | | |
| 5. Principal office address 311 Pippin Orchard Road | | | Cranston | State RI | 02921 | |
| 6. MAILING ADDRE Contact Name Arthur G. Ca | | BILITY COMPANY AND NAM | OR TITLE OF CONTACT PERSON: Contact Title Attorney for Process | | | |
| Street Address 1035 Main S | treet | | Giy Coventry | State RI | 02816 | |
| 7. NAME AND ADDI | RESS OF EACH MAN FILL IN | AGER OF THE LIMITED LIAN SPACES BEFORE USING AT | BILITY COMPANY, IF APPLI TACHMENTS ("X" BOX FOR | ICABLE - <u>DO NOT LI</u> R ATTACHMENT) | ST MEMBERS | |
| Manager Name Richard J. Macera | | | Manager Name Diane M. Macera | | | |
| Street Address 311 Pippin Orchard Road | | | Street Address 311 Pippin Orchard Road | | | |
| Cranston | State RI | ^{Zip} 02921 | ^{City} Cranston | State RI | ^{zip} 02921 | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGEN Agent Name Arthur G. Ca | | D - DO NOT ALTER - Change | es require filing of Form 6 Address | | | |
| Address 1035 Main Street | | | Coventry | Zip | ^{zip} 02816 | |

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

| ran Ellen | |
|---------------------------------|----|
| File Date FILED | ., |
| Check No. OCT 3 0 2008 | |
| Ву 4383_ | |
| FOR SECRETARY OF STATE USE ONLY | 1. |

| 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. |

Richard T. MACGEA

type Name of Authorizea Person