



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

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. ID No. 95574		2. Exact name of the limited liability company SAFE HARBOUR REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, MANAGING, SELLING & DISPOSING OF REAL ESTATE			
5. Principal office address 450 VETERANS MEMORIAL BLVD, UNIT 6		City EAST PROVIDENCE	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RONALD M. GILMAN			Contact Title MANAGER		
Street Address 450 VETERANS MEMORIAL BLVD., UNIT 6		City EAST PROVIDENCE	State RI	Zip 02915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name RONALD M. GILMAN			Manager Name ROBERT CARNEVALE		
Street Address 15 HENRY DRIVE		Street Address 40 BRENTWOOD AVENUE			
City BARRINGTON	State RI	Zip 02806	City PROVIDENCE	State RI	Zip 02908
Manager Name JOSEPH TERLATO			Manager Name JAMES MYERS		
Street Address 530 NELSON TERRACE		Street Address 89 ALFRED STONE ROAD			
City NO. PROVIDENCE	State RI	Zip 02904	City PAWTUCKET	State RI	Zip 02860
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

NOV 03 2008

BY AMF

12309

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

3. 28

95574

File Date	82:3 41 8-3
Check No.	
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 herein are true and correct.

Signature of Authorized Person Date 12/10/08

RONALD M. GILMAN

Print or Type Name of Authorized Person