

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.

(101. 0.2.)		7	·	<u></u>			
1. ID No.	2. Exact name of the limited liability company						
81440	RI	REC REALTY, LLC					
3. State of Formation RI					Island		
5. Principal office address c/o White Fuel Co., 12 Hylestead Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM				City Providence E OR TITLE OF CONTACT	State RI PERSON:	2ip 02905	
Contact Name				Contact Title			
Richard C. Gower				Manager			
Street Address				City	State	Zip	
#786 Drift Road				Westport	RI	01746-58B	
7. NAME AND ADD	RESS OF	EACH MANAGE FILL IN SPA	R OF THE LIMITED LIAI ACES BEFORE USING AT	BILITY COMPANY, IF APPL FACHMENTS ("X" BOX FOR	ICABLE - <u>DO NOT L</u> R ATTACHMENT)	IST MEMBERS	
Manager Name				Manager Name			
Richard C. Gower				None			
Street Address 786 Drif	t Road			Street Address			
City		State	Zip	City	State	Zip	
Westport		RI	01746-5838	.,4.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,	.,,,,,	
Manager Name				Manager Name			
None				None			
Street Address				Street Address			
<u> </u>							
City		State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is o			I fice of the Secretary of State	e. Changes require filing of Fo	l orm 642 - R.I.G.L. 7-16-1	11	

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

Check No. 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.

Date

Signature of Authorized Pe

Richard C.

Print or Type Name of Authorized Person