



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
401.222.3000

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.

1. ID No. 129321		2. Exact name of the limited liability company HOME VALUE REALTY & PROPERTIES, LLC			
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island Buy, Sell, Manage REAL ESTATE			
5. Principal office address 216 PUTNAM PIKE		City JOHNSTON	State R.I.	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOANN LANGLOIS			Contact Title MANAGER		
Street Address 216 PUTNAM PIKE		City JOHNSTON	State R.I.	Zip 02919	
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) <input type="checkbox"/>					
Manager Name Jo Ann Langlois			Manager Name		
Street Address 216 PUTNAM PIKE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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					

PACIA LAW ASSOCIATES, LLC
50 POWER ROAD - SUITE 200
PAWTUCKET, RI 02860

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

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 Jo Ann Langlois Date 11-29-08
Print or Type Name of Authorized Person Jo Ann Langlois

File Date	<u>12-1-08</u>
Check No.	<u>1689</u>
By:	<u>MMC</u>
FOR SECRETARY OF STATE USE ONLY	