

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

1. ID No 12186 2. Exact name of the limited liability company SFB REAL +Y LLC 3. State of Formation RI REAL Estate 5. Principal office address /3. BLACKS towe Vailey PL POBOX 304 City Contact Name TOSEPH L ANZALD: State TOSEPH L ANZALD: State City LINCOLO RI City State City LINCOLO RI Copy City LINCOLO RI Copy City State City Analysis FILL IN SPACES BEFORE USING ATTACHMENTS Street Address POBOX 304 Anzald Anzald Street Address POBOX 304 Anzald Manager Name Toseph L Anzald Street Address POBOX 304 Anzald Manager Name Toseph L Anzald Manager Name Toseph L Anzald Manager Name Manager Name		5.00.	to a penalty jee oj \$25.0	(K.I.G.L. /-16-00 (b&c)) is subject	
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13 Blackstone Vailey Pl Po Box 304 Lincoln RI 02365	Estate	RI REAL Estate			
Contact Name Contact Name Contact Title Contact Title Contact Title Contact Title Contact Title MANAGER State City LINCOLO RI 02865 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 TOSEPH L AN 2ALD! Street Address PO BOX 304 City Street Address City State Zip City State Zip City State Zip AINCOLO RI 02865	City State Zip	^ ^		5. Principal office address	
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Contact Name Toseph L Anzald: Street Address Po Box 304 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 Toseph L Anzald! Street Address Po Box 304 State City Lincoln State Toseph L Anzald! Street Address City State City State City State Zip	Y COMPANY AND NAME OR TITLE OF CONTACT PERSON:	Y COMPANY AND NAME	LIMITED LIABILITY	6. MAILING ADDRESS OF L	
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 TOSEPH L AD 2ALD! Street Address FO BOX 304 City State Zip D29V5 City State Zip	•				
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	. Manager Name	Manager Name			
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11	NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11	NOT ALTER - Changes	ODE ISLAND - DO N	8. RESIDENT AGENT IN RH	
Agent Name Address					
Address City Zip	Cin	<u> </u>		Address	
City Zip	City Zip	71444/53			
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date 12-10-08 Check No. 256 By: MMC	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.
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person