RI SOS Filing Number: 200838885020 Date: 12/10/2008 4:00 PM

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

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

1. ID No [redacted]122186	2. Exact name of the limited liability company: SFB REALTY LLC		
3. State of Formation: RI	4. Brief description of the character of the business which is actually conducted in Rhode Island: REAL Estate		
5. Principal office address: 13 BLACKSTONE VALLEY PL PO BOX 304	City: LINCOLN	State: RI	Zip: 02865

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: JOSEPH L ANZALDI	Contact Title: MANAGER		
Street Address: PO BOX 304	City: LINCOLN	State: RI	Zip: 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: JOSEPH L ANZALDI			Manager Name:		
Street Address: PO BOX 304			Street Address:		
City: LINCOLN	State: RI	Zip: 02865	City:	State:	Zip:
Manager Name:			Manager Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name:	Address:	
Address:	City:	Zip:

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

[redacted] [redacted]

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.

[redacted] 11/30/08
Signature of Authorized Person *Date*

JOSEPH L ANZALDI
Print or Type Name of Authorized Person

File Date	12-10-08
Check No.	256
By:	MNC

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07

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