

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.

R.I.G.L. 7-16-66 (b&r))) is subject to a	penalty fee of \$2	5.00.						
1. ID No. 000085239		t name of the limited liability company AND REAL ESTATE ASSOCIATES, LLC							
Bhada Island					ness which is actually conducted in Rhode island E & ENGAGE IN ANY LAWFUL ACT OR ACTIVITY ALLOWED IN RI				
5. Principal office address 20 OAKLAND BEACH AVENUE - OFFICE					City WARWICK	State RI		<i>2ip</i> 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name JAMES E LASOTA				OR TITLE OF CONTACT PERSON: Contact Title MEMBER					
Street Address 20 OAKLAND BEACH AVENUE - OFFICE					Сиу WARWICK	State RI		^{Zip} 02889	
7. NAME AND AD	DRESS OF		GER OF THE LIN		LITY COMPANY, IF A ACHMENTS ("X" BO	APPLICABLE - X FOR ATTACHM		LIST MEMBERS	
Manager Name				Manager Name					
Street Address				Street Address					
City		State	Zip		City	State		Zip	
Manager Name				Manager Name					
Street Address				Street Address					
City		State	Zφ		City	State		Zip	
8. RESIDENT AGE This information is			Office of the Secre	etary of State.	Changes require filing	of Form 642 - F	k.I.G.L. 7-16	-11	

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

000085239

File Date 12-29-08
Check No. OO2/94
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 statement contained herein are true and correct.

Signature of Authorized Person

12/18/08 Bute

arphiJAMES E LASOTA, MEMBER

Print or Type Name of Authorized Person