

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)) 1	is subject to a penalty fee of \$25.					
1. ID No. 2 Exact name of the limited hability company 11. 12. LOCKWOOD Realty, LLC						
3. State of Formation	4. Brief description	of the character of the busin	tess which is actually conducted in Rhode I	sland		
Abodo Isk	and Rea	Estate				
5. Principal office addres	D 1	1	City	State	0286	
HOL Jatterson Bowlevard 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA			- Worwick	The state of the s	1 0200	
	ESS OF LIMITED LIABIL	ITY COMPANY AND I	NAME OR TITLE OF CONTACT P : Contact Title	ERSON:		
John J. Mulhearn, b			Mariager			
Street Address	1 1011000 117	<u> </u>	City	State	Zψ (25.CC)	
401 10 De	Man Boule	vard	Worwick	KL	0286	
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			Manager Name	Manager Name		
John J. Mulherry d.						
Street Address			Street Address	Street Address		
40 Jette	rson Boule		City	State	Zφ	
City	State	$\frac{Z_{ip}}{\Box 2} \times X(z)$	Cny	Jime	[
Manager Name			Manager Name	Manager Name		
Juniager Name						
Street Address			Street Address	Street Address		
					710 -11	
City	Stette	Zip	City	State	Zip	
o DECIDENT ACE	NT IN RHODE ISLAND		<u>:</u>	1		
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						
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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
FILED	contained herein are true and correct.
File DateJAN 0 2 2009	Lockwood Realty, LLC by
Check No	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Amhorized Person
	Form 637 Rev. ()8/()8