

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 t	o a penalty fee of \$.	25.00.			·				
1. ID No. 156564	1	name of the limited liability company Realty, LLC								
3. State of Formation 4. Brief description of the character of the husin Real Estate				iness which is actually conducted in Rhode Island						
5. Principal office addi 100 Fountain St		· C 1		City Providence	State RI	Zip 02002				
and the second				Providence		02903				
Contact Name	KESS OF	LIMITED LIAB	HHIY CUMPANY AN	D NAME OR TITLE OF CONTA	ACT PERSON:					
Ruth Ferrazzano)			Member						
Street Address				City						
100 Fountain Street Unit C-1				Providence	RI	02903				
7. NAME AND AD Manager Name	DRESS O	the state of the s	and the strain and the strain and the second	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BO Manager Name	APPLICABLE - <u>DO NOT</u> X FOR ATTACHMENT) [<u>LIST MEMBERS</u>				
Street Address				Street Address	Street Address					
City		State	Zip	City	State	Zip				
Manager Name				Manager Name	······	J				
Street Address				Street Address						
City State		State	Zip	Clty	State	Zip				
8. RESIDENT AGE This information is			· ·	y of State. Changes require filing	of Form 642 - R.I.G.L. 7-	16-11				
RECEIVED	2009 JAN 30 PM 4: 08	This report	must be executed by	an authorized person pursuant	to R.I.G.L. 7-16-66 (b).					

FILED

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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.

Ruth E. Ferrazzano Member LAF Realty LLC

Print or Type Name of Authorized Person

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