

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

02919

RI

## 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. 2. Exact name of the limited liability company L. ID No 135435 R.D.L. Realty, Ilc 4. Brief description of the character of the husiness which is actually conducted in Rhode Island Purchasing, selling, managing and developing real property 3. State of Formation RHODE ISLAND State City 5. Principal office address 02919 RI **Johnston** 483 GREENVILLE AVENUE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Manager Richard E. LaFazia State Zip CHY

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

Johnston

Street Address

Street Address 483 Greenville Avenue			Sirvet Address	Street Address		
City	State	Zip	City	State	Zip	
Johnston	RI	02919	· · · · · · · · · · · · · · · · · · ·	,		
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	

8. RESIDENT AGENT IN RHODE ISLAND

Street Address

Manager Name Richard E. LaFazia

**483 GREENVILLE AVENUE** 

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

This report must be executed by an authorized person pursuant to R.1.G.L. 7-16-66 (b).

135435

File Date Check No. 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 statements contained herein are true and correct.

Signature of Authorized Pe

Richard E. LaFazia

Print or Type Name of Authorized Person

Form 632 Rev. 08/08