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* • **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.*

| 1. ID No. | 2. Exact name of the limited liability company | | |
|---|---|---|---|
| 135435 | R.D.L. Realty, llc | | |
| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island | | |
| RHODE ISLAND | Purchasing, selling, managing and developing real property | | |
| 5. Principal office address | City | State | Zip |
| 483 GREENVILLE AVENUE | Johnston | RI | 02919 |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| Richard E. LaFazia | Manager | | |
| Street Address | City | State | Zip |
| 483 GREENVILLE AVENUE | Johnston | RI | 02919 |

**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 | | |
|---|---|---|---|---|---|
| Richard E. LaFazia | | | | | |
| Street Address | | | Street Address | | |
| 483 Greenville Avenue | | | | | |
| 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**
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.I.G.L. 7-16-66 (b).*

135435

**FILED**
File Date FEB 18 2009
Check No.
By 279, 2128
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 statements contained herein are true and correct.

*Signature of Authorized Person* *Date* 11/17/08

Richard E. LaFazia
*Print or Type Name of Authorized Person*

Form 632 Rev. 08/08