



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Amended

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

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. <u>140966</u>	2. Exact name of the limited liability company <u>RI Property Exchange, LLC</u>		
3. State of Formation <u>RI</u>	4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate Internet Marketing, Sales + Rentals</u>		
5. Principal office address <u>1020 Park Ave</u>		City <u>Cranston</u>	State <u>RI</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>Dorane Albino</u>		Contact Title	Zip <u>02910</u>
Street Address <u>1020 Park Ave</u>		City <u>Cranston</u>	State <u>RI</u>
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) ☐		Zip <u>02910</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <u>Dorane Albino</u>		Address	
Address <u>2100 Cranston ST</u>		City <u>Cranston</u>	Zip <u>02920</u>

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

FILED

APR 02 2009

By

085656

1:00

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.

2009 APR 2 PM 1:00

RECEIVED
CORPORATIONS DIV
SECRETARY OF STATE

Authorized Person

Date

Dorane Albino

Print or Type Name of Authorized Person

4-2-09

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

