

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

101.222.3040

2008

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

THIS KLEOKI MC		KINTED LEGIBLI	III DIGION IIIN			
1. ID No. 128075		name of the limited liability company East Providence Realty, LLC				
3. State of Formation			iness which is actually conducted in Rho	ode Island		
Rhode Island	TO OWN RE	AL ESTATE				
5. Principal office address			City	State	Zip	
290 Blackstone Boulevard			Providence	RI	02906	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	•	
Contact Name			: Contact Title			
JOSEPH A. CHAZAN			Manager			
Street Address			City	State	Zip	
290 Blackstone Boulevard			Providence	RI	02906	
	FILL IN SI	PACES BEFORE USING	D LIABILITY COMPANY, IF APP ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT,	OR ATTACHMENT)]	
Manager Name			Manager Name	Manager Name		
JOSEPH A. CHAZAN			NONE	NONE		
Street Address			Street Address	Street Address		
290 Blackstone	Boulevard					
СИр	State	Zip	City	State	Zip	
Providence	RI	02906	•			
Manager Name NONE			Manager Name NONE			
Street Address			Street Address	Street Address		
CUp	State	Zip	City	State	Zip	
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	T IN RHODE ISLAND	- DO NOT ALTER - Cl	nanges require filing of Form	ı 642 - R.I.G.L. 7-16-1	.1	
Agent Name			Address			
Address			City	Zi	p	
					- J.	
					4).	

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



File Date	FILED			
Check No.	APR 1 0 2009			
By 086494_				
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

JOSEPH A. CHAZAN

Print or Type Name of Authorized Person

Form 632 Rev. 08/06

have examined this rep