

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.	1	t name of the limited liability company REALTY, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island						
128255	JAVA							
· · · · · · · · · · · · · · · · · · ·								
RHODE ISLAND Owning, operating and dealing with and in real estate								
5. Principal office address				City	State		Zip	
10 BLACKSTONE VALLEY PLACE				LINCOLN	RI		02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name RICHARD F. FIELD, JR.				Contact Title				
Street Address				City	State		Zip	
				LINCOLN	RI		02865	
*				;	I		1	
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				
NONE				and the same of th				
Street Address				Street Address				
City		State	Ζip	City	State		Zip	
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Manager Name				Manager Name				
				A STATE OF THE STA				
Street Address				Street Address				
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Ciţv		State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11								
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes I				Address				
E. COLBY CAMERON, ESQ.								
	INOIN, E	.U.V.		City Zip				
Address					02903	•		
56 EXCHANGE TERRACE				PROVIDENCE 02903				

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

128255

FOR SECRETARY OF STATE USE ONLY

File Date

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,

AID SNOILY BOOK Signature of Authorized Person

AID SNOILY BOOK Signature of Authorized Person

Date

RICHARD F. FIELD, JR.

Print or Type Name of Authorized Person