

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 (befor)) is subject to a penulty for of \$25.00.

(R.I.G.L. 7-16-66 (be						- 	
94331	I	name of the limited liability company Y DOG REALTY, LLC					
3. State of Formation 4. Brief description of the character of the bust REAL ESTATE INVESTMENT,				iness which is actually conducted in Rhode Island DEVELOPMENT, MANAGEMENT AND SALES			
5. Principal office address 4 Chamberlain Street				City Smithfield	State RI	<i>χ</i> φ 02917	
6. MAILING AD Contact Name Michael DiDoi		ITED LIABI	LITY COMPANY AND	O NAME OR TITLE OF CONTAC	CT PERSON:		
Street Address 4 Chamberlain Street				City Smithfield	State RI	Ζφ 02917	
7. NAME AND	ADDRESS OF E		GER OF THE LIMITE SPACES BEFORE USI	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BOX	PPLICABLE - DO NOT		
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City	St	ate	Ζір	City	State	Z(p	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City	St	ate	Zip	City	State	Zip	
8. RESIDENT A This information			. Office of the Secretary	of State. Changes require filing of	of Form 642 - R.I.G.L. 7-	16-11	
The state of the s							

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

94331

File Date 6-3-09
Check No. 1153
By: MMC
FOR SECRETARY OF STATE USE ONLY

Under penalty of periory, 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

Michael DiDomenico

Print or Type Name of Authorized Person