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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___2007___

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. 136030	2. Exact name of the limited liability company Ivory Halo Realty, LLC			
3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island Own and sell real estate			

5. Principal office address 2049 Flat River Road	City Coventry	State RI	Zip 02816

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

Contact Name David Schwartz	Contact Title Operating Manager		
Street Address 2049 Flat River Road	City Coventry	State RI	Zip 02816

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 David Schwartz			Manager Name		
Street Address 2049 Flat River Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	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

Agent Name Stephen M. Litwin, Esquire	Address 1 Ship Street
Address	City Providence	Zip 02903

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

136030

FILED

JUN 09 2009

By _____

File Date _____	
Check No. _____	
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.

David Schwartz 4-12-09
Signature of Authorized Person *Date*

David Schwartz
Print or Type Name of Authorized Person

Form 632 Rev. 07/07