



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

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

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 - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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).

FILED

136030

JUN 09 2009

By *gm*

29-91605

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.

*Stephen M. Litwin* 6/9/09  
Signature of Authorized Person Date  
Print or Type Name of Authorized Person Secretary

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	