



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

A. Ralph Molits, 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 (b)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 106049		2. Exact name of the limited liability company 1025 Realty I, LLC					
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To Invest In Real Estate					
5. Principal office address 1025 Plainfield Street		1031 PLAINFIELD ST. Suite 21		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Steven R. Lombardi				Contact Title Vice President MEMBER			
Street Address 141 FEDERAL WAY APT 302		City JOHNSTON		State R.I.	Zip 02919		
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			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							

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

106049

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
Date
Steven R. Lombardi
Print or Type Name of Authorized Person

File Date	FILED
Check No.	
By:	JUN 11 2009
FOR SECRETARY OF STATE USE ONLY	

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