

A. Ralph Mollis, Secretary of St Corporations Divis 148 W. River Str Providence, RI 02904-26 401.222.30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR WO 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. 7-10-00 (B&C)) 1;	s subject to a penalty fee of \$2:	5. <i>00</i> .				
1.1D No. 132 381	2. Exact name of the limited lia	bilily company EAL ESTATE	. , LCC			
3. State of Formation 人工	4. Brief description of Real	the character of the business wh Estate	ich is actually conducted in Rhode Isla	nd		
5. Principal office address 20 DERMAN ST.			Rumford	State RI	2ip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Keith B. Couto			OR TITLE OF CONTACT PERSON: Contact Title Manaser			
30 DEK	MAN ST.		cuy Rumford	State RI	21000916	
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 Keith B. Couto Street Address DERMAN ST.			Manager Name			
Street Address DERMAN ST.			Street Address			
City Runford	State RI	²¹⁹ 07916	City	State	Ζip	
Manager Name		***************************************	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	2ip	
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes Agent Name			require filing of Form 642 - R.I.G.L. 7-16-11			
Address			City	Zip	P I	
					JATE 3	

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

	FILED	
	AUG 1 9 2009	Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.
File DateCheck No.	1:04	Kerth B. Contr 8/19/09
By:		Signature of Authorized Person Date Keith B. Conto
FOR SECRETARY OF STATE USE (ONLY	Print or Type Name of Authorized Person