



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

A. Ralph Modis, Secretary of State

Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009**

**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)(6)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                          |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. ID No.<br>94071                                                                                                                                                                                            |       | 2. Name of the limited liability company<br>RONCI REALTY ASSOCIATES LLC                                                  |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE Rentals |              |
| 5. Principal office address<br>20 CEDAR SWAMP Rd.                                                                                                                                                             |       | City<br>Smithfield                                                                                                       | State<br>RI. |
|                                                                                                                                                                                                               |       | Zip<br>02917                                                                                                             |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                          |              |
| Contact Name<br>RONALD RONCI                                                                                                                                                                                  |       | Contact Title<br>owner                                                                                                   |              |
| Street Address<br>20 CEDAR SWAMP Rd.                                                                                                                                                                          |       | City<br>Smithfield                                                                                                       | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02917                                                                                                             |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                          |              |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                             |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                           |              |
| City                                                                                                                                                                                                          | State | City                                                                                                                     | State        |
| Zip                                                                                                                                                                                                           |       | Zip                                                                                                                      |              |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                             |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                           |              |
| City                                                                                                                                                                                                          | State | City                                                                                                                     | State        |
| Zip                                                                                                                                                                                                           |       | 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).

**FILED**

File Date SEP 24 2009

Check No. By 5027

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.

Signature of Authorized Person

Date

9-22-09

RONALD A. RONCI  
Print or Type Name of Authorized Person