



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

|                                                                                                                                                                                                               |             |                                                                                                                                                                          |                                                  |              |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------|--------------|
| 1. ID No.<br>160382                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>INDEPENDENT BROKERS REALTY OF R.I. 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>To develop/sell/buy/lease residential and/or commercial real estate |                                                  |              |              |
| 5. Principal office address<br>1057 Reservoir Avenue, Suite B                                                                                                                                                 |             | City<br>Cranston                                                                                                                                                         | State<br>RI                                      | Zip<br>02910 |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                                                                          |                                                  |              |              |
| Contact Name<br>Anthony G. D'uva, Jr.                                                                                                                                                                         |             |                                                                                                                                                                          | Contact Title<br>Manager                         |              |              |
| Street Address<br>1057 Reservoir Avenue, Suite B                                                                                                                                                              |             | City<br>Cranston                                                                                                                                                         | State<br>RI                                      | Zip<br>02910 |              |
| 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<br>Robert N. Santilli, Sr.                                                                                                                                                                       |             |                                                                                                                                                                          | Manager Name<br>Anthony G. D'uva, Jr.            |              |              |
| Street Address<br>1057 Reservoir Avenue, Suite B                                                                                                                                                              |             |                                                                                                                                                                          | Street Address<br>1057 Reservoir Avenue, Suite B |              |              |
| City<br>Cranston                                                                                                                                                                                              | State<br>RI | Zip<br>02910                                                                                                                                                             | City<br>Cranston                                 | State<br>RI  | Zip<br>02910 |
| Manager Name                                                                                                                                                                                                  |             |                                                                                                                                                                          | Manager Name                                     |              |              |
| Street Address                                                                                                                                                                                                |             |                                                                                                                                                                          | Street Address                                   |              |              |
| City                                                                                                                                                                                                          | State       | Zip                                                                                                                                                                      | City                                             | State        | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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).

160382

**FILED**

|                                 |             |
|---------------------------------|-------------|
| File Date                       | SEP 28 2009 |
| Check No.                       | By 1397     |
| 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.

*Anthony G. D'uva, Jr.* Sept 21 2009  
Signature of Authorized Person Date  
Anthony G. D'uva, Jr.  
Print or Type Name of Authorized Person