

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&x)) is subject to a penalty fee of \$25.00.

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1. ID No. 2. Exact	name of the limited liabi	lity company			<u> </u>	
158997 Brito Equities, LLC						
3. State of Formation	4. Brief description of th	e character of the husiness w	bich is actually conducted in Rhode i	sland	····	
R.I		KeAl Es	tale			
5. Principal office address	Cl. L		City O	State L.I	Zψ	
204 Cottage	Street		pourviver	K.L	02860	
6. MAILING ADDRESS OF L	IMITED LIABILITY	COMPANY AND NAM	B OR TITLE OF CONTACT P	ERSON:		
Contact Name	2-1		Contact Title	O a i		
DANIET	Dito		I MANAS	ing Direct	or .	
Street Address	C(l-1)		Glly	State	ZΨ	
2019 Lottage	Street	•	tantucket	K.J	02860	
7. NAME AND ADDRESS OF	BACH WANACHT				6 (2015)	
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 Nar						
manager Nar	7-1-		Manager Nan.			
Street Address	ii oi	i	Street Address	^		
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	トン	02860		 	L	
Munager Name	\mathbf{C}		Manager Name	114444444444444444444444444444444444444		
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Street Address	/	1	Street Address			
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City	Staty)	Zip 73	City	State	Ζψ	
Var					_	
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).

File Date			
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Check No	OFA.	A A	
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Ву:	SECRETATE O	t M	1000G6
POR	SECRETATE O	37/4 US	ONLY

Under penalty of perjury, I declare a including any accompanying schedi contained herein are true and correct	and affirm that I have examined this report, ules and statements, and that all statements et.
A D	9-29-09
Signature of Authorized Person	Date
Daniel F	Brito
Print or Type Name of Authorized Per	rson
•	Form 632 Rev. 08/08