

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 <u>2009</u>

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. 1. 18 18 18 18 18 18 18 18 18 18 18 18 18				
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island R. I KEAL ESTATE				
5. Principal office address 209 Cottage Street	Pawtucket Sune R. I Zip 0+860			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTACT Name DANIEL BOTTO	Contact Title MANAGING DIrector			
209 Cottage Street	Pawtycket RI 240-860			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT)				
Manager Name (i)	Manager Name			
Street Address	Street Addrives			
Stat Zip COUL	Sign Zij			
Manager Name 1 0 i	Munager Name			
Street Address	Street Address			
Citie -	City State Zip			
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State.				
of the state of th				

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

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File Date	SEP 3 0 2	lig -	
By:	4	24 0 009	5
	OR SECRETARY (OF STATE USE ON	LY

Under penalty of perjury, I dec including any accompanying s contained herein are true and c	chedules and stateme	
	1	9-29-09
Signature of Authorized Person AMIC	Brito	
Print or Type Name of Authorize	ed Person	