

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.	2. Exact name of the limi	ted liability company				
114008	ZWIENER R	ZWIENER REALTY, LLC				
3 State of Formation	4. Brief descript	ion of the character of the busi	usiness which is actually conducted in Rhode Island			
Rhode Island			d otherwise deal in real estate			
5. Principal office address			City	State	Zip	
81 Church Stre	eet		East Greenwich	RI	02818-0000	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTACT F	ERSON:	1 02010 0000	
Contact Name			Contact Title	·		
Norbert J. Zwi	ener		Member			
Street Address			City	State	Zip	
81 Church Stre	81 Church Street		East Greenwich	RI	02818-0000	
Manager Name  Norbert J. Zwie  Street Address  81 Church Stree  Green	et		Manager Name  George Zwiener  Street Address  36 Sunset Avenue			
E.Greenwich	State	Zip	City:	State	Zip	
Manager Name	RI	02818	Saunderstown	RI	02874	
ager rume			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Ζψ	
8. RESIDENT AGENT	IN DELODE ICLANO	I			<u>.</u> . 1	
		Office of the Court	S4 4 GI			
The anomation is cul	ready of record in the	Office of the Secretary of	State. Changes require filing of For	m 642 - R.I.G.L. 7-1	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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OCT 0 1 2009		
By John	<u> </u>	<del>.</del>
FOR SECRETARY OF STATE USE	E 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

Dute

Norbert J, Zwiener

YORB Print or Type Name of Authorized Member

Form 632 Rev. 08/08

September 1, 2009