

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.I., 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.

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	name of the limited liability company MOND REALTY ASSOCIATES, LLC					
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE AND MANAGEMENT OF REAL ESTATE					
5. Principal office address 1536 SCITUATE AVENUE		City CRANSTON	State RI	^{Zip} 02921		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTact Name OLIVIA M. MARCELLO		OR TITLE OF GONTACT PERSON: Contact Title				
Street Address 1536 SCITUATE AVENUE			City CRANSTON	State RI	<i>Zip</i> 02921	
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 None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name None		Manager Name None				
Street Address		Street Address				
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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).

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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

John Aiello, Jr.

Print or Type Name of Author