



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><b>123001</b>                                                                                                                                                                                    |                    | 2. Exact name of the limited liability company<br><b>Tavares Polo Realty, LLC</b>                                       |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE</b> |                    |                     |     |
| 5. Principal office address<br><b>716 Central Avenue</b>                                                                                                                                                      |                    | City<br><b>Pawtucket</b>                                                                                                | State<br><b>RI</b> | Zip<br><b>02861</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |                    |                                                                                                                         |                    |                     |     |
| Contact Name<br><b>JOHN A. TAVARES</b>                                                                                                                                                                        |                    | Contact Title<br><b>Manager</b>                                                                                         |                    |                     |     |
| Street Address<br><b>212 Cross Street</b>                                                                                                                                                                     |                    | City<br><b>Seekonk</b>                                                                                                  | State<br><b>MA</b> | Zip<br><b>02771</b> |     |
| 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><b>JOHN A. TAVARES</b>                                                                                                                                                                        |                    | Manager Name                                                                                                            |                    |                     |     |
| Street Address<br><b>212 Cross Street</b>                                                                                                                                                                     |                    | Street Address                                                                                                          |                    |                     |     |
| City<br><b>Seekonk</b>                                                                                                                                                                                        | State<br><b>MA</b> | Zip<br><b>02771</b>                                                                                                     | City               | State               | Zip |
| 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                                   |                    |                                                                                                                         |                    |                     |     |

**FILED**

**OCT 07 2009**

By *[Signature]*  
**29-100763**

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

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]* **10/2/09**  
Signature of Authorized Person Date  
**JOHN A. TAVARES, MANAGER**  
Print or Type Name of Authorized Person

|                                 |
|---------------------------------|
| File Date _____                 |
| Check No. _____                 |
| By: _____                       |
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