



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

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. 142499		2. Exact name of the limited liability company SCG Realty, LLC, Crenston St.			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Development			
5. Principal office address 41 Army St		City Provi.	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gregory Costantino		Contact Title Manager			
Street Address 41 Army St.		City Provi.	State RI	Zip 02909	
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 Name Gregory Costantino		Manager Name			
Street Address 41 Army St.		Street Address			
City Provi.	State RI	Zip 02909	City	State RI	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Gregory Costantino		Address			
Address 41 Army St		City Provi.	State RI	Zip 02909	

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

FILED

OCT 15 2009

29-10/322

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 10-11-09

Gregory J. Costantino
Print or Type Name of Authorized Person

File Date
Check No.
By:

FOR SECRETARY OF STATE USE ONLY