

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. 121974		Exact name of the limited liability company OHNJEN REALTY, LLC				
3. State of Formation RHODE ISLAND	4. Brief descrip COMMER	otion of the character of the CIAL REAL ESTAT	business which is actually conducted in Rhode Iss TE RENTALS	and		
5. Principal office address 1417 DOUGLAS AVENUE			NORTH PROVIDECE	State RI	2φ 02904	
6. MAILING ADDRE Contact Name RICHARD P. ZOM		BILITY COMPANY AN	ND NAME OR TITLE OF CONTACT PE Contact Title MEMBER	RSON:		
Street Address 1417 DOUGLAS AVENUE			City NORTH PROVIDNCE	State RI	Ζφ 02904	
7. NAME AND ADDI			ED LIABILITY COMPANY, IF APPLIC SING ATTACHMENTS ("X" BOX FOR A		<u>r list members</u>	
Manager Name NONE			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGEN' This information is cu			y of State. Changes require filing of Form	n 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).

121974

 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 PRICHARD P. ZOMPA

Print or Type Name of Authorized Person

Form 632 Rev. 08/08