



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. 154184		2. Exact name of the limited liability company UTR REALTY SERVICES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island			
5. Principal office address 2 WILLIAMS STREET		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SCOTT A. RITCH, ESQ.			Contact Title		
Street Address 2 WILLIAMS STREET		City PROVIDENCE	State RI	Zip 02903	
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 N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
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 SCOTT A. RITCH, ESQ.			Address 2 WILLIAMS STREET		
Address			City PROVIDENCE	Zip 02903	

FILED

OCT 27 2009

By 102340

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

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OCT 27 PM 1:54
CORPORATIONS DIV

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

SCOTT A. RITCH, MEMBER
Print or Type Name of Authorized Person

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY