



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.

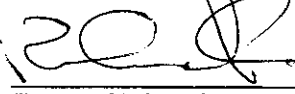
|                                                                                                                                                                                                               |             |                                                                                                                               |                         |             |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|-------------------|
| 1. ID No.<br>81440                                                                                                                                                                                            |             | 2. Exact name of the limited liability company<br>REC REALTY, LLC                                                             |                         |             |                   |
| 3. State of Formation<br>RI                                                                                                                                                                                   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>OWNERSHIP OF REAL ESTATE |                         |             |                   |
| 5. Principal office address<br>C/O WHITE FUEL CO., 12 HYLESTEAD AVENUE                                                                                                                                        |             | City<br>PROVIDENCE                                                                                                            |                         | State<br>RI | Zip<br>02905      |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                               |                         |             |                   |
| Contact Name<br>RICHARD C. GOWER                                                                                                                                                                              |             |                                                                                                                               | Contact Title<br>Member |             |                   |
| Street Address<br>786 DRIFT ROAD                                                                                                                                                                              |             | City<br>WESTPORT                                                                                                              |                         | State<br>MA | Zip<br>01746-5838 |
| 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>RICHARD C. GOWER                                                                                                                                                                              |             |                                                                                                                               | Manager Name<br>NONE    |             |                   |
| Street Address<br>786 DRIFT ROAD                                                                                                                                                                              |             |                                                                                                                               | Street Address          |             |                   |
| City<br>WESTPORT                                                                                                                                                                                              | State<br>MA | Zip<br>01746                                                                                                                  | City                    | State       | Zip               |
| Manager Name<br>NONE                                                                                                                                                                                          |             |                                                                                                                               | Manager Name<br>NONE    |             |                   |
| 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                                   |             |                                                                                                                               |                         |             |                   |

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

81440

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 27 2009</b> |
| By:                             | <b>By 1302</b>     |
| FOR SECRETARY OF STATE USE ONLY |                    |

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  
10/22/09  
RICHARD C. GOWER  
Print or Type Name of Authorized Person