RI SOS Filing Number: 200953507380 Date: 10/28/2009 4:00 PM

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 in R.I.G.L. 7-16-66 (b) is subject to a penalty fee of $25.00.

1. File No.	2. Exact name of limited liability company
454021	Shea Realty,LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Real-Estate

5. Principal Address of	City	State	Zip
116 Doyle Ave	Providence	RI	02906

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Robert Tomasso	manager		
Street Address	**City**	**State**	**Zip**
116 Doyle Ave	Providence	RI	02906

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			Manager Name		
Robert Tomasso					
Street Address			**Street Address**		
116 Doyle Ave					
City	**State**	**Zip**	**City**	**State**	**Zip**
Prov	RI	02906			
Manager Name			**Manager Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

8. RESIDENT AGENT IN RHODE ISLAND

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

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2009 OCT 28 AM 11:08

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

454021

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.

Robert Tomasso 10/29/09

Signature of Authorized Person Date

Robert Tomasso

Print or Type Name of Authorized Person

FILED

File Date OCT 28 2009

Check No.

By DS 11:08 1024162

FOR SECRETARY OF STATE USE ONLY

39670-1-443660