



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. Kent Street
Providence, RI 02903-2615
(401) 222-2330

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 (b), each limited liability company filing or refusing to file its annual report within thirty (30) days after the time prescribed by law
R.I.G.L. 7-16-66 there is subject to a penalty fee of \$25.00.

1. Filing No. 454021		2. Exact name of the limited liability company Shea Realty, LLC			
3. State of formation RI		4. Brief description of the character of the business and its principal activities and products Real-Estate			
5. Principal place of business 116 Doyle Ave		City Providence		State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Company Address Robert Tomasso			Contact Title manager		
Street Address 116 Doyle Ave		City Providence		State RI	Zip 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 <i>Robert Tomasso</i>			Manager Name		
Street Address 116 Doyle Ave			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT PAGE IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 612 - 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).

454021

FILED	
File Date OCT 28 2009	Check No. DS 11:08
By DS 102462	
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.

Robert Tomasso 10/29/09
Signature of Authorized Person Date

Robert Tomasso

Print or Type Name of Authorized Person