



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. 486676		2. Exact name of the limited liability company Romona 18-20 LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND LEASE REAL ESTATE			
5. Principal office address 374 WICKENDEN STREET		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BAHMAN JALILI		Contact Title MANAGING MEMBER			
Street Address 374 WICKENDEN STREET		City PROVIDENCE	State RI	Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Bahman Jalili		Manager Name			
Street Address 374 Wickenden Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
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 NOV -2 AM 11:08

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2009 OCT 26 AM 10:01

486676

FILED

File Date	NOV 02 2009
Check No.	By <u>DS</u>
By:	<u>162744</u>
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

BAHMAN JALILI

Print or Type Name of Authorized Person

Date

10/22/09