

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

2.009 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. 2 Exact name of the limited liability company 98631 REALTY 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island 5. Principal offic 02889 ED LIABILITY COMPANY AND NAME OR TITLE OF Contact Name

Street Address	As Asson	Æ		СПу	Stete	Zip	
7. NAME ANI	O ADDRESS OF	F EACH MANAGER FILL IN SPAC	OF THE LIMITED LIA ES BEFORE USING A	ABILITY COMPANY, IF FTACHMENTS ("X" BO	APPLICABLE - DO NOT L OX FOR ATTACHMENT)	IST MEMBERS	
Manager Name BRIAN BUCCI				Manager Name			
Street Address 48 Hewett				Street Address			
War.	rcle	State ()	²⁴⁰ 02889	City	State	Zψ	
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	СПу	State	Zφ	
8. RESIDENT	AGENT IN RH	ODE ISLAND	•	•	•	I	

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

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

File Date	FILED
Check N^	NOV 09 2009
By:	By \\
	Y 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 herein are true and correct.

Signature of Authorized Person

0-1-09

Type Name of Authorized Person