

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. 124001		name of the limited liability company DELE REALTY, LLC				
3. State of Formation RHODE ISLAND	4. Brief descrip REAL EST	ion of the character of the bus ATE INVESTMENTS	ness which is actually conducted in Rhode Island AND MANAGEMENT			
5. Principal office address 204 HARTFORD AVE			PROVIDENCE	State RI	<i>гір</i> 02909	
6. MAILING ADDRESS Contact Name Beverly R. Ouellet		ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Attorney	CT PERSON:	1.22.25	
Street Address 1119 Reservoir Avenue			City Cranston	State RI	<i>Zip</i> 02910	
7. NAME AND ADDR Manager Name Susanne DeFedele	FILL IN	AGER OF THE LIMITED SPACES BEFORE USIN	G ATTACHMENTS ("X" BOX I Manager Name Richard DeFedele	PLICABLE - <u>DO NO</u> FOR ATTACHMENT)	T LIST MEMBERS	
Street Address 10 Crystal Court			Street Address 10 Crystal Court			
City	State	Zip	City	State	Zip	
lohnston	IRI	02919	Johnston	RI	02919	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
8. RESIDENT AGENT This information is cur		l Office of the Secretary of	f State. Changes require filing of	Form 642 - R.I.G.L. 7-1	1 6-11	

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

124001

-	
File Date	FILED
Check No.	NOV 09 2009 —
<i>By:</i> F	OR 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

Richard DeFedele

Print or Type Name of Authorized Person