



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

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. 485985		2. Exact name of the limited liability company TEN M REALTY LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, LEASE REAL ESTATE			
5. Principal office address 1825 MIDDLE ROAD		City EAST GREENWICH	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS RICCI			Contact Title		
Street Address 1825 MIDDLE ROAD		City EAST GREENWICH	State RI	Zip 02818	
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID V. IGLIOZZI, ESQ.			Address		
Address 926 PARK AVENUE		City CRANSTON	Zip 02910		

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

485985

FILED	
File Date	NOV 16 2009
Check No.	By 6263
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.

Thomas P Ricci
Signature of Authorized Person Date

THOMAS RICCI

Print or Type Name of Authorized Person