RI SOS Filing Number: 200955151950 Date: 11/23/2009 4:00 PM

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.	2. Exact name of the limited liability company
164687	MONICA REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
1181 NORTH MAIN ROAD	JAMESTOWN	RI	02835

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JAMES K. CARDI, MD	

Street Address	City	State	Zip
1181 NORTH MAIN ROAD	JAMESTOWN	RI	02835

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
NONE	
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	Address		
E. COLBY CAMERON, ESQ.			
Address	City	Zip	
301 PROMENADE STREET	PROVIDENCE	02908	

FILED
NOV 23 2009
By 104452

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

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.

10.21.09
Signature of Authorized Person *Date*

JAMES K. CARDI, MD
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY
40485-1-449861

Form 632 Rev. 07/07