

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. 118749		t name of the limited liability company k & Hayek Realty, LLC					
3. State of Formation Rhode Island	D = ( F = 1-i)			business which is actually conducted in	n Rhode Island		
5. Principal office address 1009 Main Street, 1st Floor				City Warwick	State Rhode Island	<sup>Zip</sup> 02886	
6. MAILING ADDRE Contact Name Gabriel M. Hayek	SS OF LIM	IITED LIABII	LITY COMPANY AN	TO NAME OR TITLE OF CONT Contact Title Member	'ACT PERSON:	•	
Street Address 1009 Main Street, 1st Floor				City Warwick	State Rhode Island	<sup>Zip</sup> 02886	
7. NAME AND ADDI	RESS OF E				APPLICABLE - <u>DO NOT LIS</u> DX FOR ATTACHMENT)	T MEMBERS	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City	S	itate	Zip	City	State	Zip	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
Спу	S	tale	Zip	City	State	Zip	
8. RESIDENT AGENT. This information is cu			Office of the Secretary	: y of State. Changes require filing	 g of Form 642 - R.I.G.L. 7-16-11	1	

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

118749

File Date	11-24-09			
Check No.	2922			
Ву:	mnc			
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

Dute

Gabriel M. Hayek

Print or Type Name of Authorized Person