



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. <u>118755</u>		2. Exact name of the limited liability company <u>Megazone Realty LLC</u>			
3. State of formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate</u>			
5. Principal office address <u>429 Woonasquatucket St.</u>		City <u>No. Prov.</u>	State <u>RI</u>	Zip <u>02911</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Teofil Regus</u>		Contact Title			
Street Address <u>429 Woonasquatucket St.</u>		City <u>No. Prov.</u>	State <u>RI</u>	Zip <u>02911</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Teofil Regus</u>		Manager Name			
Street Address <u>429 Woonasquatucket St.</u>		Street Address			
City <u>No. Prov.</u>	State <u>RI</u>	Zip <u>02911</u>	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 <u>Teofil Regus</u>		Address			
Address <u>429 Woonasquatucket St.</u>		City <u>No. Prov.</u>		Zip <u>02911</u>	

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

**FILED**

**DEC 15 2009**

By [Signature]

29-106126

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

12/15/09

Teofil Regus

Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

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