



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. 118755		2. Exact name of the limited liability company Megazone Realty LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address 429 Woonasquatucket St.		City No. Prov.	State RI
		Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Teofilo Regus		Contact Title	
Street Address 429 Woonasquatucket St.		City No. Prov.	State RI
		Zip 02911	
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) <input type="checkbox"/>			
Manager Name Teofilo Regus		Manager Name	
Street Address 429 Woonasquatucket St.		Street Address	
City No. Prov.	State RI	City	State
Zip 02911		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Teofilo Regus		Address	
Address 429 Woonasquatucket St.		City No. Prov.	Zip 02911

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

FILED

DEC 15 2009

By

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.

12/15/09
Signature of Authorized Person Date

Teofilo Regus
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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