



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, 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. 99074		2. Exact name of the limited liability company Ellie-Ray Realty, LLC			
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and Manage Real Estate Property			
5. Principal office address 49 Beach Road		City Bristol	State RI	Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Eleanor S. Rodrigues			Contact Title Operating Manager		
Street Address 49 Beach Road		City Bristol	State RI	Zip 02809	
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 Eleanor S. Rodrigues			Manager Name		
Street Address 49 Beach Road		Street Address			
City Bristol	State RI	Zip 02809	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 Stephen M. Litwin, Esquire			Address 1 Ship Street		
Address		City Providence	Zip 02903		

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

MAY 19 PM 3:01

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FILED

File Date	MAY 19 2010
Check No.	By [Signature] 118598
By:	
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.

Eleanor S. Rodrigues 9/23/09
Signature of Authorized Person Date

Eleanor S. Rodrigues

Print or Type Name of Authorized Person