

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 2010

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 see of \$25,00.

1. ID No. 140745	2. Exact name of the limit ROMIL REALTY,	ict name of the limited liability company ML REALTY, LLC				
3. State of Formation RI 4. Brief description of the character of the but RENTAL REAL ESTATE			isiness which is actually conducted in Rhode Island			
5. Principal office address 1219 CRANSTON ST			City CRANSTON	State RI	Zφ 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name VARSHA I PATEL			NAME OR TITLE OF CONTACT PERSON: Contact Title AGENT			
Street Address 30 SOUTHWEST AVE			JAMESTOWN	State RI	Ζψ 02835	
7. NAME AND ADD	RESS OF EACH MANA FILL IN	GER OF THE LIMIT SPACES BEFORE US	FED LIABILITY COMPANY, IF APP SING ATTACHMENTS ("X" BOX FO	LICABLE - DO NOT OR ATTACHMENT)		
Manager Name			Manager Name	· -		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	Сиу	State	Zip	
	T IN RHODE ISLAND extently of record in the	Office of the Secretar	y of State. Changes require filing of F	Form 642 - R.I.G.L. 7-1	6-11	

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

140745

File Date FILED	
Check 19EP 0 7 2010	<u>_</u>
By: 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?
Lawher festel ogloste
Signature of Authorized Person Date
Print or Type Name of Authorized Person

Form 632 Rev. 08/08