



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 02904-2635  
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)(2)) is subject to a penalty fee of \$25.00.

|   |                    |   |                                 |                     |     |
|---|--------------------|---|---------------------------------|---------------------|-----|
| 1. ID No.<br><b>89997</b>   |                    | 2. Exact name of the limited liability company<br><b>MATRIX REALTY, LLC.</b>  |                                 |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>INVEST AND MANAGE REAL ESTATE</b> |                                 |                     |     |
| 5. Principal office address<br><b>48 BALLOU BLVD.</b>   |                    | City<br><b>BRISTOL</b>  | State<br><b>RI</b>              | Zip<br><b>02809</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |   |                                 |                     |     |
| Contact Name<br><b>DAVID SCHWARTZ</b>   |                    |   | Contact Title<br><b>MANAGER</b> |                     |     |
| Street Address<br><b>48 BALLOU BLVD</b>   |                    | City<br><b>BRISTOL</b>  | State<br><b>RI</b>              | Zip<br><b>02809</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ( "X" BOX FOR ATTACHMENT ) <input type="checkbox"/> |                    |   |                                 |                     |     |
| Manager Name<br><b>DAVID SCHWARTZ</b>   |                    |   | Manager Name                    |                     |     |
| Street Address<br><b>48 BALLOU BLVD</b>   |                    | Street Address  |                                 |                     |     |
| City<br><b>BRISTOL</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>   | City                            | State               | Zip |
| Manager Name  |                    |   | Manager Name                    |                     |     |
| Street Address  |                    | Street Address  |                                 |                     |     |
| City  | State              | Zip   | City                            | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                     |                    |   |                                 |                     |     |

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

**89997**

|                                 |                 |
|---------------------------------|-----------------|
| File Date                       | <u>9-9-2010</u> |
| Check No.                       | <u>850</u>      |
| By:                             | <u>MRC</u>      |
| 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] 9/7/10  
Signature of Authorized Person Date  
**DAVID SCHWARTZ**  
Print or Type Name of Authorized Person