



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

ALAN KAPLAN, 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 fee of \$25.00.*

1. ID No. <b>104942</b>	2. Exact name of the limited liability company <b>CMM Realty llc</b>
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3. State of Formation <b>RI</b>	4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Rental real estate</b>
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5. Principal office address <b>2195 Pawtucket Avenue</b>	City <b>East Prov.</b>	State <b>RI</b>	Zip <b>02914</b>
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Carlos M. Martins</b>	Contact Title
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Street Address <b>2195 Pawtucket Avenue</b>	City <b>East Prov.</b>	State <b>RI</b>	Zip <b>02914</b>
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**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)

Manager Name	Manager Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Manager Name	Manager Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**8. RESIDENT AGENT IN RHODE ISLAND**  
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

**Gregory S. Dias, Esquire**  
349 Warren Avenue  
East Providence, RI 02914

**FILED**

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

**SEP 23 2010**

BY 582

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

*Carlos Martins* 9/22/10  
Signature of Authorized Person Date

**Carlos Martins**

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY