



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

A. KAPPA MOUHS, 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. 104942	2. Exact name of the limited liability company CMM Realty llc
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3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island Rental real estate
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5. Principal office address 2195 Pawtucket Avenue	City East Prov.	State RI	Zip 02914
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Carlos M. Martins	Contact Title
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Street Address 2195 Pawtucket Avenue	City East Prov.	State RI	Zip 02914
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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
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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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