



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 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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. 126019 | | 2. Exact name of the limited liability company AYN.WARDO REALTY, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING OF REAL ESTATE | | | |
| 5. Principal office address 1512 ATWOOD AVENUE | | City JOHNSTON | State RI | Zip 02919 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name EDMUND SHABO | | | Contact Title MANAGER/MEMBER | | |
| Street Address 1512 ATWOOD AVENUE | | City JOHNSTON | State RI | Zip 02919 | |
| 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 EDMUND SHABO | | | Manager Name | | |
| Street Address 1512 ATWOOD AVENUE | | | Street Address | | |
| City JOHNSTON | State RI | Zip 02919 | 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 PAUL SHABO | | | Address | | |
| Address 1325 BROAD STREET | | City CENTRAL FALLS | Zip 02863 | | |

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

126019

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|---------------------------------|--------------------|
| File Date | FILED |
| Check No. | OCT 04 2010 |
| By: | By 07127933 |
| 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 of Authorized Person Date
EDMUND SHABO
Print or Type Name of Authorized Person

2010 OCT -4 6:11:18