



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

2010 OCT -4 AM 11:18

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

File Date	FILED
Check No.	OCT 04 2010
By:	By: [Signature] 127933
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