



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\* • **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.<br>148828                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>CATEMAR REALTY LLC                                                          |              |
| 3. State of Formation<br>RHODE ISLAND                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>OWNERSHIP OF REAL ESTATE |              |
| 5. Principal office address<br>7 Toni Circle                                                                                                                                                                  |       | City<br>North Smithfield                                                                                                      | State<br>RI  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>Joseph Raheb                                                                                          |       | Contact Title<br>Attorney                                                                                                     | Zip<br>02865 |
| Street Address<br>650 Washington Hwy.                                                                                                                                                                         |       | City<br>Lincoln                                                                                                               | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02865                                                                                                                  |              |
| 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                                                                                                                                                                                                  |       | Manager Name                                                                                                                  |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                |              |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                           | City         |
| State                                                                                                                                                                                                         |       |                                                                                                                               | State        |
| Zip                                                                                                                                                                                                           |       |                                                                                                                               | Zip          |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                  |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                |              |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                           | City         |
| State                                                                                                                                                                                                         |       |                                                                                                                               | State        |
| Zip                                                                                                                                                                                                           |       |                                                                                                                               | 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).

148828

|                                 |            |
|---------------------------------|------------|
| File Date                       | 10-4-2010  |
| Check No.                       | 1164       |
| By:                             | <i>mnc</i> |
| 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.

*David M. Greenberg* 8/21/10  
Signature of Authorized Person Date  
David M. Greenberg  
Print or Type Name of Authorized Person