

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

1. ID No. 128255	i i	name of the limited liability company REALTY, LLC					
3. State of Formatio	on			siness which is actually conducted in F	Rhode Island		
RHODE ISLA	ND	Owning, opera	iting and dealing with	and in real estate			
5. Principal office address				City	State	Zip	
10 BLACKSTONE VALLEY PLACE				LINCOLN	RI	02865	
	DDRESS OF L	IMITED LIABII	ITY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:		
Contact Name	LEIELD ID			Comaci Tine			
RICHARD M. FIELD, JR.				City	State	Zip	
Street Address 10 BLACKSTONE VALLEY PLACE				LINCOLN	RI	02865	
			00 0000 1111175	:	I ADDITICARIE - DO NOT	'TIST MEMBERS	
7. NAME AND	ADDRESS OF	EACH MANAC FILL IN S	EER OF THE LIMITE. PACES BEFORE USI	D LIABILITY COMPANY, IF A NG ATTACHMENTS ("X" BO)	K FOR ATTACHMENT)	ALC I NEELVERNA	
				Manager Name	•		
Manager Name NONE							
Street Address			Street Address	Street Address			
этестингсээ							
City	· · · · · · · · · · · · · · · · · · ·	State	Zip	City	State	Zip	
·						J	
Manager Name		. -		Manager Name			
Street Address				Street Address			
	<u></u>	To:	926	City	State	Zip	
City		State	Zip	Cny	3,22	,	
8. RESIDENT	AGENT IN RE	I IODE ISLAND -	I DO NOT ALTER - C	hanges require filing of Fo	rm 642 - R.I.G.L. 7-16-1	.1	
Agent Name				Address			
E. COLBY C	AMERON, I	ESQ.					
Address			Сйу	<i>Z</i> :	•		
301 PROMENADE STREET				PROVIDENCE		02908	
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This report must be executed by an				an authorized person pursuant	thorized person pursuant to R.I.G.L. 7-16-66 (b).		
		-					
						7.5	

128255

File Date Check No. By: FOR SECRETAR 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

RICHARD M. FIELD, JR.

Print or Type Name of Authorized Person

Form 632 Rev. 07/07

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