



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

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**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1



Fill in each field.

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.

**ANNUAL REPORT YEAR: 2010**

**1. ID No.** 000126856

**2. Exact Name of the Limited Liability Company** FMA, LLC

**3. State of Formation**

State:

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

REALTY HOLDING COMPANY

**5. Principal Office Address**

No. and Street: 249 WOODRUFF AVENUE

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Frances M. ALEXAKOS, Ph.D.

Contact Title: President

No. and Street: 249 WOODRUFF AVENUE

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

First Name: Middle Name: Last Name: Suffix:  
Address: City: State: Zip: Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JAMES H. REILLY 146 WESTMINSTER STREET, SUITE 500 PROVIDENCE , RI 02903-

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

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Frances M. ALEXAKOS, Ph.D.

Business Name:

No. and Street: 249 WOODRUFF AVENUE Principal Office

City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

Contact Phone: ext:

Contact Email: Falexakos@verizon.net

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 11 Day of October, 2010 at 8:38:00 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By Frances M. ALEXAKOS

Signature of Authorized Person



By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept

☐ Decline

**FILED<sup>m</sup>**

[Click HERE to Submit This Information](#)

**OCT 13 2010**

Form No. 632  
Revised 09/07

By 6-174