RI SOS Filing Number: 201070981480 Date: 10/22/2010 4:00 PM

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.	2. Exact name of the limited liability company		
512802	A.B. Jr. Realty, LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
Rhode Island	To purchase, hold, develop, improve, rent, and sell real estate, any ancillary purposes.		
5. Principal office address	**City**	**State**	**Zip**
457 Douglas Avenue	Providence	RI	02908

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Alfred U. Barbery, Jr.	Manager		
Street Address	**City**	**State**	**Zip**
457 Douglas Avenue	Providence	RI	02908

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) ☐

Manager Name	Street Address	City	State	Zip
Alfred U. Barbery, Jr.	457 Douglas Avenue	Providence	RI	02908

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.

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2010 OCT 22 PM 3:45
SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] [redacted]

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.

Alfred U. Barbery 10-11-10
Signature of Authorized Person *Date*

Alfred U. Barbery, Jr., Manager
Print or Type Name of Authorized Person

FILED
File Date OCT 22 2010
Check No. 1017
By: BY
FOR SECRETARY OF STATE USE ONLY

[redacted]

54786-12-558825

Form 632 Rev. 08/08