



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. Pine Street
Providence, RI 02904-2015
(603) 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)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 156121		2. Exact name of the limited liability company NATIONWIDE MANAGEMENT REALTY PARTNERS, LLC			
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, own, develop and invest in commercial and residential real estate			
5. Principal office address 222 JEFFERSON BLVD		City WARWICK		State RI	Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROGER COUTU, JR.			Contact Title MANAGER		
Street Address 222 JEFFERSON BLVD		City WARWICK		State RI	Zip 02888
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 ROGER COUTU, JR.			Manager Name MAUREEN A. HOBSON		
Street Address 222 JEFFERSON BLVD		Street Address 222 JEFFERSON BLVD			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	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 6-12 - 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).

156121

File Date	FILED
Check No.	NOV 03 2010
By	By [Signature] 11/30/295
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.

[Signature] 11/1/10
Signature of Authorized Person Date
Roger Coutu, Jr.
Print or Type Name of Authorized Person