



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

AMENDED

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. 153685		2. Exact name of the limited liability company Dream Home Realty, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Property Rentals and Rehab.			
5. Principal office address 55 Circuit Drive		City Cumberland		State RI	Zip 02864
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jose C. Esteves		Contact Title Manager/Member			
Street Address 55 Circuit Drive		City Cumberland		State RI	Zip 02864
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) <input type="checkbox"/>					
Manager Name Jose C. Esteves		Manager Name John Bernardo			
Street Address 55 Circuit Drive		Street Address 105 High Street			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Manager Name Pedro Esteves		Manager Name			
Street Address 24A Hewes Street		Street Address			
City Cumberland	State RI	Zip 02864	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. 7-16-11					

FILED

MAY 27 2011

BY

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

153685

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

Print or Type Name of Authorized Person



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

