



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 2008

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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000120503		2. Exact name of the limited liability company J.G.B. Realty, LLC.	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island TO BUY, SELL, AND MANAGE REAL ESTATE TRANSACTIONS	
5. Principal office address 9 Star Lane		City Cranston	State Rhode Island
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Giuseppe Mattiello		Contact Title Principal	
Street Address 9 Star Lane		City Cranston	State Rhode Island
		Zip 02920	
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 N/A		Manager Name N/A	
Street Address		Street Address	
City	State	Zip	City
			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Joseph J. Altieri ESQ.		Address	
Address 350 South Main Street		City Providence	Zip 02903

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RECEIVED
STATE
CORPORATIONS DIV.

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

000120503
FILED

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	

MAY 31 2011

BY *Jm*

29-145337

Giuseppe Mattiello 5-31-2011
Signature of Authorized Person Date

Giuseppe Mattiello
Print or Type Name of Authorized Person