



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
118 W. River Street  
Providence, RI 02904-2615  
(401) 222-3000

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

**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.<br><b>128418</b>                                                                                                                                                                                    |                    | 2. Exact name of the limited liability company<br><b>ANDRADE CRANSTON REALTY, LLC</b>                                                |                                |                    |                          |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>to deal with real estate</b> |                                |                    |                          |
| 5. Principal office address<br><b>552-554 Cranston Street</b>                                                                                                                                                 |                    | City<br><b>Providence</b>                                                                                                            |                                | State<br><b>RI</b> | Zip<br><b>02907-0000</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |                    |                                                                                                                                      |                                |                    |                          |
| Contact Name<br><b>The Alfredo Andrade Revocable Trust - 2002</b>                                                                                                                                             |                    |                                                                                                                                      | Contact Title<br><b>Member</b> |                    |                          |
| Street Address<br><b>552-554 Cranston Street</b>                                                                                                                                                              |                    | City<br><b>Providence</b>                                                                                                            |                                | State<br><b>RI</b> | Zip<br><b>02907-0000</b> |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                                                      |                                |                    |                          |
| Manager Name<br><b>Alfredo Andrade</b>                                                                                                                                                                        |                    |                                                                                                                                      | Manager Name                   |                    |                          |
| Street Address<br><b>19 Jakes Junction</b>                                                                                                                                                                    |                    |                                                                                                                                      | Street Address                 |                    |                          |
| City<br><b>Attleboro</b>                                                                                                                                                                                      | State<br><b>MA</b> | Zip<br><b>02703</b>                                                                                                                  | City                           | State              | Zip                      |
| Manager Name                                                                                                                                                                                                  |                    |                                                                                                                                      | Manager Name                   |                    |                          |
| Street Address                                                                                                                                                                                                |                    |                                                                                                                                      | Street Address                 |                    |                          |
| City                                                                                                                                                                                                          | State              | Zip                                                                                                                                  | City                           | State              | Zip                      |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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                                   |                    |                                                                                                                                      |                                |                    |                          |

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

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.

Alfredo Andrade 09/01/2011  
Signature of Authorized Person Date  
The Alfredo Andrade Revocable Trust - 2002  
By: Alfredo Andrade, Trustee  
Print or Type Name of Authorized Person  
Member

|                                 |
|---------------------------------|
| <b>FILED</b>                    |
| File Date <b>AUG 11 2011</b>    |
| Check No. <b>162</b>            |
| BY <b>162</b>                   |
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