



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 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. 116325		2. Exact name of the limited liability company M.A.J. REALTY, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island TO HOLD REAL ESTATE			
5. Principal office address 234 MAPLE AVENUE			City BARRINGTON	State RI	Zip 02806
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JANE DENNISON			Contact Title MANAGER		
Street Address 234 MAPLE AVENUE			City BARRINGTON	State RI	Zip 02806
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JANE DENNISON			Manager Name ANGELA GREANDER		
Street Address 234 MAPLE AVENUE			Street Address 234 MAPLE AVENUE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Manager Name MARCOLINO FERRETTI			Manager Name NONE		
Street Address 234 MAPLE AVENUE			Street Address		
City BARRINGTON	State RI	Zip 02806	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					

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

116325

FILED

File Date SEP 26 2011
 Check No. By *mmc*
 By: 1185
 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.

JANE DENNISON Signature of Authorized Person
 _____ Date
 JANE DENNISON, Member
 Print or Type Name of Authorized Person