

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

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.		t name of the limited liability company ood Dodge Realty, LLC						
118571	1							
3. State of Formation	<u> </u>	 		usiness which is actually conducted in Rhode	s which is actually conducted in Rhode Island			
Rhode Island Real Estate			·	·				
5. Principal office address				City	State		Zip	
625 TAUNTON AVENUE				EAST PROVIDENCE	RI		02914	
	SS OF L	IMITED LIAB	ILITY COMPANY ANI	D NAME OR TITLE OF CONTACT	PERSON:		•	
Contact Name Paul E. L'Archevesque				Contact Title	Contact Title			
	sque							
Street Address				City	State		Zip	
625 Taunton Avenue				East Providence	RI		02914	
7. NAME AND ADD	RESS OF			D LIABILITY COMPANY, IF APPL		OT LIST	<u>MEMBERS</u>	
i		FILL IN	SPACES BEFORE USI	NG ATTACHMENTS ("X" BOX FO	R ATTACHMENT)			
Manager Name				Manager Name	Manager Name			
Paul E. L'Archeve	sque			•				
Street Address				Street Address	Street Address			
625 Taunton Aver	iue							
City East Providence		State RI	^{Zip} 02914	City	State		Zip	
Managor Non-	•••••	J				************	<u>, J</u>	
Manager Name				Manager Name				
Street Address				Street Address	Street Address			
				Sheet Howress				
City		State	Zip	City	State		Zip	
8. RESIDENT AGEN	TINRH	 ODE ISLAND	 - DO NOT ALTER - C	hanges require filing of Form 6	 	16 11	1	
Agent Name	- 411 1122	ODE IOERIO	- DO NOT METER - C	Address	742 · R.I.G.L. /-1	10-11		
John S. DiBona, Esq.				145 PHENIX AVENUI	145 PHENIX AVENUE			
Address				City	Zip			
				CRANSTON		02920		

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

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	FILED
	TILLU
File Date Check No.	SEP 29 2011
Ву:	RV 6/236
I	FOR SECRETARY OF STATE USE ONLY

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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 of Authorized Person Date

Paul E. L'Archevesque, Manager

Print or Type Name of Authorized Person