



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.<br><b>158524</b>  |                    | 2. Exact name of the limited liability company<br><b>SEVEN SEAS 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>Acquisition, management and/or sale of commercial and residential development.</b> |      |                    |                     |
| 5. Principal office address<br><b>457 Douglas Avenue</b>  |                    | City<br><b>Providence</b>  |      | State<br><b>RI</b> | Zip<br><b>02908</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |  |      |                    |                     |
| Contact Name<br><b>Alfred U. Barbery, Jr.</b>   |                    | Contact Title<br><b>Manager</b>  |      |                    |                     |
| Street Address<br><b>457 Douglas Avenue</b>   |                    | City<br><b>Providence</b>  |      | State<br><b>RI</b> | Zip<br><b>02908</b> |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT <input type="checkbox"/> |                    |  |      |                    |                     |
| Manager Name<br><b>Alfred U. Barbery, Jr.</b>   |                    | Manager Name   |      |                    |                     |
| Street Address<br><b>457 Douglas Avenue</b>   |                    | Street Address   |      |                    |                     |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02908</b>  | City | State              | Zip                 |
| Manager Name  |                    | Manager Name   |      |                    |                     |
| Street Address  |                    | Street Address   |      |                    |                     |
| City  | State              | Zip  | 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 Orson and Brusini Ltd.   |                    |  |      |                    |                     |

**FILED**

SEP 29 2011

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

BY a SDP

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SECRETARY OF STATE  
CORPORATIONS DIV  
SEP 29 PM 1:59

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.

Alfred U. Barbery, Jr.  
Signature of Authorized Person

Sept 29, 2011  
Date

**Alfred U. Barbery, Jr., Manager**

Print or Type Name of Authorized Person

|                                 |  |
|---------------------------------|--|
| File Date                       |  |
| Check No.                       |  |
| By                              |  |
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