



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
401.222.3040

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. 000552960		2. Exact name of the limited liability company Ferry Realty LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Investment, ownership and leasing of real estate and interests therein	
5. Principal office address 898 Buttonwood Drive		City Ft. Myers Beach	State FL
		Zip 33931	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Doris K. Ferry		Contact Title Manager	
Street Address 898 Buttonwood Drive		City Ft. Myers Beach	State FL
		Zip 33931	
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 Doris K. Ferry		Manager Name	
Street Address 898 Buttonwood Drive		Street Address	
City Ft. Myers Beach	State FL	City	State
Zip 33931		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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).

FILED

File Date	OCT 03 2011
Check No.	27
By:	166626
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.

X Doris K. Ferry 9/12/2011
Signature of Authorized Person Date
DORIS K. Ferry
Print or Type Name of Authorized Person