



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 reports 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. 94701		2. Exact name of the limited liability company QUINT REALTY ASSOCIATES, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. Principal office address 960 RESERVOIR AVENUE, SUITE 26		City CRANSTON	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name D. JOSEPH D'AMICO		Contact Title ATTORNEY			
Street Address 728 VALLEY STREET		City PROVIDENCE	State RI	Zip 02908	
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 MELANIE KRIKORIAN		Manager Name MELISSA KRIKORIAN			
Street Address 960 RESERVOIR AVENUE, SUITE 26		Street Address 960 RESERVOIR AVENUE, SUITE 26			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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					

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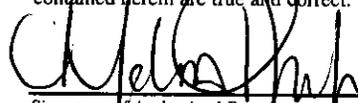
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

94701

FILED

File Date	OCT 18 2011
Check No.	154576
By:	BY
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.


 Signature of Authorized Person
 Date 9-27-11
 MELISSA KRIKORIAN
 Print or Type Name of Authorized Person