RALPH MOIL	State of Rhode Island and Pro Office of the Secreta		NS Fee: \$50.0
A 10	Division Of Business	Services	
	148 W. River S		
u	Providence RI 0290		
	(401) 222-304		
Ptary of S		0	
imited Liability Con	ipany		
Annual Report Filing Period: September 1	- November 1		
n accordance with R I G I	. 7-16-66(d), each limited liability com	anv failing or refusing t	ťn
	thirty (30) days after the time prescribe		
-16-66(b&c)) is subject to			
ANNUAL REPORT YEAR	: <u>2011</u>		
1. ID No. <u>000148914</u>	<u>k</u>		
2. Exact Name of the L	mited Liability Company Farietta ar	nd Sanchez Realty LLO	<u> </u>
3. State of Formation			
State: <u>RI</u> 4. Brief Description of th	e Character of the Business Which	is Actually Conducte	d in Rhode Island
4. Brief Description of th	<u>G (REAL ESTATE)</u>	is Actually Conducte	d in Rhode Island
4. Brief Description of th	<u>G (REAL ESTATE)</u>	is Actually Conducte	d in Rhode Island
4. Brief Description of th	<u>G (REAL ESTATE)</u>	is Actually Conducte	d in Rhode Island
4. Brief Description of the second structure OWNER OF BUILDING 5. Principal Office Address No. and Street: 23	<u>G (REAL ESTATE)</u>		d in Rhode Island Country: <u>USA</u>
4. Brief Description of the optimization of the optization of the optimization of the optimizat	G (REAL ESTATE) ess BROAD STREET	RI Zip: <u>02860</u>	Country: <u>USA</u>
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4. Brief Description of the OWNER OF BUILDING OWNER OF BUILDING 5. Principal Office Addres 6. Principal Office Address of Li City or Town: PA 6. Mailing Address of Li Contact Name: Contact Contact No. and Street: 26 H City or Town: STC	G (REAL ESTATE) ess BROAD STREET WTUCKET State: H mited Liability Company and Name Title: KNOB HILL CIRCLE DUGHTON State F Each Manager of the Limited Liab	<u>RI</u> Zip: <u>02860</u> or Title of Contact Person <u>MA</u> Zip: <u>02072</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
4. Brief Description of the Description	G (REAL ESTATE) ess BROAD STREET WTUCKET State: H mited Liability Company and Name Title: KNOB HILL CIRCLE DUGHTON State F Each Manager of the Limited Liab	<u>RI</u> Zip: <u>02860</u> or Title of Contact Personance <u>MA</u> Zip: <u>02072</u>	Country: <u>USA</u> erson: Country: <u>USA</u> licable.
 4. Brief Description of the DWNER OF BUILDING 5. Principal Office Address 5. Principal Office Address 6. Principal Office Address 7. Name and Address of List MEMBE 	G (REAL ESTATE) ess BROAD STREET WTUCKET State: H mited Liability Company and Name Title: XNOB HILL CIRCLE DUGHTON State F Each Manager of the Limited Liab	<u>AI</u> Zip: <u>02860</u> or Title of Contact Performance <u>MA</u> Zip: <u>02072</u> ility Company, if App	Country: <u>USA</u> erson: Country: <u>USA</u> licable.
4. Brief Description of the OWNER OF BUILDING OWNER OF BUILDING 5. Principal Office Addres 5. Principal Office Addres No. and Street: 23 City or Town: PA 6. Mailing Address of Li Contact Name: Contact No. and Street: 26 H City or Town: STC 7. Name and Address of DO NOT LIST MEMBE Title 8. RESIDENT AGENT IN	G (REAL ESTATE) ess BROAD STREET WTUCKET State: H mited Liability Company and Name Title: NOB HILL CIRCLE DUGHTON State f Each Manager of the Limited Liab RS Individual Name First, Middle, Last, Suffix	I Zip: 02860 or Title of Contact Period MA Zip: 02072 ility Company, if App Add	Country: <u>USA</u> erson: Country: <u>USA</u> licable.
 4. Brief Description of the OWNER OF BUILDING 5. Principal Office Addres 5. Principal Office Addres 6. Principal Office Addres 7. Name and Address of DO NOT LIST MEMBE Title 8. RESIDENT AGENT IN Changes Require Filin 	G (REAL ESTATE) ess BROAD STREET WTUCKET State: H mited Liability Company and Name Title: NOB HILL CIRCLE DUGHTON State f Each Manager of the Limited Liab RS Individual Name First, Middle, Last, Suffix	RI Zip: 02860 or Title of Contact Person MA Zip: 02072 illity Company, if App Address, City or Town, S	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

Signed this 27 Day of October, 2011 at 10:47:14 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>JULIAN FARIETTA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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