



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State.

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|   |             |   |                             |
|---|-------------|---|-----------------------------|
| 1. ID No.<br>96611  |             | 2. Exact name of the limited liability company<br>R & J L'EUROPA ENTERPRISES LLC  |                             |
| 3. State of Formation<br>RHODE ISLAND   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE MANAGEMENT |                             |
| 5. Principal office address<br>1528 CRANSTON STREET   |             | City<br>CRANSTON  | State<br>RI<br>Zip<br>02920 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |   |                             |
| Contact Name<br>DR. ROBERT A. L'EUROPA  |             | Contact Title<br>MANAGER  |                             |
| Street Address<br>1528 CRANSTON STREET  |             | City<br>CRANSTON  | State<br>RI<br>Zip<br>02920 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |             |   |                             |
| Manager Name<br>ROBERT A. L'EUROPA  |             | Manager Name  |                             |
| Street Address<br>1528 CRANSTON STREET  |             | Street Address  |                             |
| City<br>CRANSTON  | State<br>RI | City  | State<br>RI                 |
| Zip<br>02920  |             | Zip   |                             |
| Manager Name  |             | Manager Name  |                             |
| Street Address  |             | Street Address  |                             |
| City  | State       | City  | State                       |
| Zip   |             | Zip   |                             |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642-RICL 7-16-11   |             |   |                             |
| Agent Name<br>STEVEN A. MORETTI, ESQ.   |             | Address   |                             |
| Address<br>1140 RESERVOIR AVENUE  |             | City<br>CRANSTON  | Zip<br>02920                |

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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|---------------------------------|-------------|
| *96611 DLLC 09/15/11 02:05 AM*  |             |
| File Date                       | NOV 03 2011 |
| Check No.                       | 1962        |
| 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

Robert A. L'Europa  
Print or Type Name of Authorized Person