



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2011

1. ID No. 000513252

2. Exact Name of the Limited Liability Company RealBuys LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Contacts individuals or holders of private mortgages, trust deeds or promissory notes via telephone, mailings or local advertising with offer of free quote(s) in regards to the current value of those private mortgages, trust deeds. Once the free quote is accepted and the necessary information gathered, RealBuys LLC posts this information on a secure site, transmitting this info to our pool of private investors. Once an offer(s) is made by an investor, this offer is relayed to the holder of the private mortgage. If the offer is accepted, RealBuys LLC drafts the necessary forms of acceptance and forwards to the holder for signing. Once the forms are returned, RealBuys LLC forwards this information to the necessary parties to initiate the verifying the property, title exchange, and set up escrow. RealBuys LLC has now completed its involvement and awaits for the deal to complete. Once the transaction completes and the holder receives the agreed upon sum, title and all other entities are paid, RealBuys LLC will receive the remaining monies in escrow at that time. If the deal is structured correctly RealBuys LLC should receive 5-7 percent commission. Regardless of the completion of any transaction RealBuys LLC has assisted with, RealBuys LLC is never guaranteed to be paid any monies despite our efforts and have no recourse in the event that should happen.

5. Principal Office Address

No. and Street: 200 CATO STREET, UNIT 6

City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TIMOTHY WHITT Contact Title: OWNER

No. and Street: 200 CATO STREET, UNIT 6

City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	------------------------------------------------	------------------------------------------------------------

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 13 Day of November, 2011 at 1:49:26 PM 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 TIMOTHY WHITT
Signature of Authorized Person

Form No. 632
Revised 09/07