RI SOS Filing Number: 201185108310 Date: 11/17/2011 4:00 PM

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 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.	2. Exact name of the limited liability company		
000139499	DAVID JAMES Realty		
3. State of Formation: RI	4. Brief description of the character of the business which is actually conducted in Rhode Island: ~~Realest~~ Real estate HOLDINGS		
5. Principal office address: 1281 HOPE ROAD	City: HOPE	State: RI	Zip: 02831

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
DAVID Miller.	PRES		
Street Address: 1281 HOPE RD	City: HOPE	State: RI	Zip: 02831.

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) ☐

Manager Name	Street Address	City	State	Zip
DAVID Miller.	1281 HOPE ROAD	HOPE	RI	02831

Manager Name	Street Address	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

2011 NOV 17 AM 10:28

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

FILED
NOV 17 2011
By

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.

10/20/2011
Signature of Authorized Person *Date*

DAVID JAMES Miller
Print or Type Name of Authorized Person

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

69698-5-692887

Form 632 Rev. 08/08