



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 135634		2. Exact name of the limited liability company S J B REALTY, LLC			
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island REALTY HOLDING			
5. Principal office address 12 HERITAGE DR		City LINCOLN	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name ROBERT J. BALDWIN		Contact Title MANAGER			
Street Address P.O. BOX 374		City LINCOLN	State R.I.	Zip 02865	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ROBERT J. BALDWIN		Manager Name			
Street Address P.O. BOX 374		Street Address			
City LINCOLN	State R.I.	Zip 02865	City	State	Zip
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 Form 642.					

FILE ✓

MAR 14 2012

164299 2:24

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAR 14 PM 2:24

File Date _____
 Check No _____
 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.

Robert J. Baldwin, 3-12-12
 Signature of Authorized Person Date

ROBERT J. BALDWIN
 Print or Type Name of Authorized Person