RALPH MOL	State of Rhode Island Office of the			ONS Fee: \$50.00
	Division (	)f Business S	Services	
Division Of Business Services 148 W. River Street				
Providence RI 02904-2615				
Cretary of Star		1) 222-3040		
Limited Liability Com Annual Report	ipany			
Filing Period: September 1	- November 1			
In accordance with R.I.G.L.				g to
file its annual report within t 7-16-66(b&c)) is subject to		ne prescribed	by law (R.I.G.L.	
ANNUAL REPORT YEAR:				
1. ID No. <u>000103768</u>				
2. Exact Name of the Li	mited Liability Company	CAM Vide	o Realty, LLC.	
3. State of Formation				
State: <u>RI</u>				
PURCHASING, HOLD TYPES FOR INVESTMENT	ING AND SELLING RE	EAL AND P	ERSONAL PROP	ERTY OF ALL
5. Principal Office Addre	ss			
No. and Street: 40	0 LAUREL AVE			
	ROVIDENCE	State: <u>RI</u>	Zip: <u>02906</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company	and Name o	or Title of Contact	Person:
Contact Name: Contact	Fitle:			
	0 LAUREL AVE			
City or Town: PI	ROVIDENCE	State: <u>RI</u>	Zip: <u>02906</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	-	mited Liabil	ity Company, if Ap	plicable.
Title	Individual Nam	e	۵۵	ldress
	First, Middle, Last, Su	-		, State, Zip Code, Country
				, <u></u> 0000, 00010 y
8. RESIDENT AGENT IN F				
	g of Form 642 - R.I.G.L. 7			
OADV LOOPN FOON	VINOGRAD, SHINE & ZAO			

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

**Signed this 29 Day of May, 2012 at 1:41:57 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 MARK R FEINSTEIN Signature of Authorized Person

Form No. 632 Revised 09/07

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