



AND PROVIDENCE FILIACTIONS
Office of the Secretary of State

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

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. 132615 | | 2. Exact name of the limited liability company Curren Realty, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island to own, operate, lease, buy, sell, manage and otherwise deal in real estate | | | |
| 5. Principal office address 75 Pennsylvania Avenue | | City Warwick | State RI | Zip 02888 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Meredith A. Curren | | | Contact Title | | |
| Street Address 1274 Narragansett Boulevard | | City Cranston | State RI | Zip 02905 | |
| 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) <input type="checkbox"/> | | | | | |
| Manager Name none | | | Manager Name | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name Karen G. DelPonte | | | Address | | |
| Address 301 Promenade Street | | City Providence | Zip 02908 | | |

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

132615

FILED

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|--------------|-------------|
| File Date | AUG 01 2012 |
| Check No. BY | CL 176062 |
| By: | 10/18 |

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 8/17/12
Meredith A. Curren

2012 AUG - 1 AM 10:18
OFFICE OF THE SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND