

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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.

I. Entity ID No.		ne of the limited liability Realty Group, L			
148442		, , , , , , , , , , , , , , , , , , ,			
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Real Estate				
5. Principal office address I220 Pontiac Ave., Suite 203			City Cranston	State RI	Zip 02920
	F LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	
Contact Name Raymond R. Pezza			Contact Title		
Street Address 1220 Pontiac Ave., Suite 203			City Cranston	State RI	Zip 02920
LIST ALL MANAGERS	(NAMES AND ADD	RESSES) OF THE LIN	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBE
("X" BOX FOR ATTACE	HIMIEN I) 🔲 .				
Manager Name	HMEN1)		Manager Name		
Manager Name Raymond R. Pezza Street Address			Manager Name Street Address		
Manager Name Raymond R. Pezza Street Address 1220 Pontiac Ave.,		Zip 02920		State	Zip
Manager Name Raymond R. Pezza Street Address 1220 Pontiac Ave., City Cranston	Suite 203q	Zip 02920	Street Address	State	Zip
Manager Name Raymond R. Pezza Street Address 1220 Pontiac Ave., City Cranston Manager Name	Suite 203q	Zip 02920	Street Address City	State	Zip
Manager Name Raymond R. Pezza Street Address 1220 Pontiac Ave., City Cranston Manager Name Street Address	Suite 203q	Zip 02920 Zip	Street Address City Manager Name	State	Zip Zip
Manager Name Raymond R. Pezza Street Address 1220 Pontiac Ave., City	Suite 203q State RI	02920	Street Address City Manager Name Street Address		

FILED

AUG 1 7 2012

CA # 2049

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.

ignature of Authorized Person

Date

Print or Type Name of Authorized Person