

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 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.

1. Entity ID No. 144083		2. Exact name of the limited liability company RIVER ROAD REALTY, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Purchas	Purchase, renovation, renting or sale of real estate				
5. Principal office address 34 River Road			City Saunderstown	State RI	Zip 02874	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:		
Contact Name Diane Sullivan			Contact Title Member/ President			
Street Address 34 River Road			City Saunderstown	State RI	Zip 02874	
7. LIST <u>all</u> managers: XXIII BOX FOR ATTACH)	(NAMES AND AD[IMENT) □	JHESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBE	
(A BUX FUR ATTACH	(NAMES AND ADD	JHESSES) OF THE	Manager Name	APPLICABLE - <u>Do</u>	NOT LIST MEMBE	
Manager Name	(NAMES AND ADD	DHESSES) OF THE		APPLICABLE - <u>DO</u>	NOT LIST MEMBE	
Manager Name Street Address	(NAMES AND ADDIMENT)	Zip	Manager Name	State	Zip	
Manager Name Street Address Dity	IMEN!)		Manager Name Street Address			
Manager Name Street Address City Manager Name	IMEN!)		Manager Name Street Address City			
Manager Name Street Address City Manager Name Street Address	IMEN!)		Manager Name Street Address City Manager Name			
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH Manager Name Street Address City Manager Name Street Address City Discourse City B. RESIDENT AGENT IN R	State	Zip	Manager Name Street Address City Manager Name Street Address	State	Zip	

File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
Check No	AUG 2 2 2012	and that all statements contained berein are true and correct.		
By:	137	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012