



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. 153735		2. Exact name of the limited liability company ALEEDE REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island ownership and development of real estate			
5. Principal office address 1755 Smith Street			City North Providence	State RI	Zip 02911-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME AND TITLE OF CONTACT PERSON:					
Contact Name Demetrius D. Sampalis			Contact Title Member		
Street Address 1755 Smith Street			City North Providence	State RI	Zip 02911-0000
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 Demetrius D. Sampalis			Manager Name Valerie B. Sampalis		
Street Address 11 Betsy Williams Circle			Street Address 11 Betsy Williams Circle		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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.					

FILED
 AUG 28 2012
 29388

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.
 Signature of Authorized Person: *Demetrius D. Sampalis* Date: **09/04/2012**
 By: _____
 Print or Type Name of Authorized Person
Member