



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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. 100339		2. Exact name of the limited liability company S.C.W. 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 acquire, own, operate, develop, lease and deal in real estate	
5. Principal office address 126 CHESTNUT STREET		City WARWICK	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven W. Weisman		Contact Title	
Street Address 126 CHESTNUT STREET		City WARWICK	State RI
		Zip 02888	
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) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Steven I. Rosenbaum, Esq.		Address 30 Exchange Terrace	
Address POORE & ROSENBAUM LLP		City Providence	Zip 02903

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

FILED

SEP 04 2012

100339

By mm

CL# 35533

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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

STEVEN W. WEISMAN

Print or Type Name of Authorized Person