

## 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

Filling 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.   |                      | 2. Exact name of the limited liability company                              |                               |                    |                     |  |
|--|----------------------|---|-------------------------------|--------------------|---------------------|--|
| 109134   | RLC Rea              | lty, LLC  |                               |                    |                     |  |
| 3. State of Formation  | 4. Brief desc        | 4. Brief description of the character of business conducted in Rhode Island |                               |                    |                     |  |
| Rhode Island   | realty ho            | realty holding company  |                               |                    |                     |  |
| 5. Principal office address<br>297 Dexter Street - P.O. Box 6925 |                      |   | City<br><b>Providence</b>     | State<br><b>RI</b> | Zip<br><b>02940</b> |  |
| . MAILING ADDRESS OF   | LEATHED LABOUR       | Y COMPANY AND NA  | ME ON THE OF CHATACT P        | DROM:              |                     |  |
| Contact Name Richard L. Capuano                                  |                      |   | Contact Title Manager         |                    |                     |  |
| Street Address<br>297 Dexter Street - P.O. Box 6925              |                      |   | City<br>Providence            | State<br><b>RI</b> | Zip<br><b>02940</b> |  |
| 7. LIST <u>ALL MANAGERS (</u><br>("X" BOX FOR ATTACH             |                      | RESSES) OF THE LA   | WITED LIABILITY COMPANY, IF   | APPLICABLE - DO    | NOT LIST MEMBERS    |  |
| Manager Name<br>Richard L. Capuano                               |                      |   | Manager Name                  |                    |                     |  |
| Street Address<br>297 Dexter Street - F                          | P.O. Box 6925        |   | Street Address                |                    |                     |  |
| City<br>Providence   | State<br>RI          | Zip<br><b>02940</b>   | City                          | State              | Zip                 |  |
| Manager Name   |                      |   | Manager Name                  |                    |                     |  |
| Street Address   |                      |   | Street Address                |                    |                     |  |
| City   | State                | Zip   | City                          | State              | Zip                 |  |
| 8. RESIDENT AGENT IN R   |                      | 1   |                               |                    | . I                 |  |
| This information is currer                                       | itly of record in th | e Office of the Secret  | ary of State. Changes require | filing Form 642.   |                     |  |
|  |                      |   |                               |                    |                     |  |

| File Date                       | FILED        | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying sonedules and statements, and that all statements opinialnes beginner true and correct. |
|---------------------------------|--------------|---|
| Check No                        | SEP 0 7 2012 | Signature of Authorized Person Date   |
| FOR SECRETARY OF STATE USE ONLY | 77000        | Richard L. Capuano Print or Type Name of Authorized Person  |

Form No. 632 Revised: 01/2012