

## 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.

1. Entity ID No. 2. Exact name of the limited liability company 121973 3, State of Formation RT. Real Estate 5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Street Address \_ 7. List <u>all</u> managers (names and addresses) of the limited liability company, if applicable - <u>Do Not List members</u> ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address State Zip City City State Zίο Manager Name Manager Name Street Address Street Address State Zlp 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** 

SEP 1 7 2012

File Date Check No

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. and ansullelle Date Signature of Authorized Person PALID JANNUCCI

Print or Type Name of Authorized Person