



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\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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. <b>101838</b>	2. Exact name of the limited liability company <b>A &amp; R REALTY GROUP, LLC</b>
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3. State of Formation <b>RI</b>	4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PURCHASE REAL ESTATE</b>
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5. Principal office address <b>415 KILVERT STREET</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name <b>ALAN ALBERGARIA</b>	Contact Title <b>MANAGER</b>

Street Address <b>415 KILVERT STREET</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
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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 <b>ALAN ALBERGARIA</b>	Manager Name
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Street Address <b>415 KILVERT STREET</b>	Street Address
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City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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8. RESIDENT AGENT IN RHODE ISLAND  
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

**101838**

<b>FILED</b>	
File Date	<b>SEP 21 2012</b>
Check No.	
By:	<i>[Signature]</i>
	<b>10143</b>
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]* **ALAN ALBERGARIA** **9/17/12**  
Signature of Authorized Person Date

**ALAN ALBERGARIA**  
Print or Type Name of Authorized Person