



State of Rhode Island  
and Providence Plantations  
Office of the 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)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 144092		2. Exact name of the limited liability company: Jay Bee Realty LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding Company			
5. Principal office address 450 Pavillion Avenue			City Warwick	State RI	Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Scott R. Buontempo			Contact Title Member		
Street Address 450 Pavillion Avenue			City Warwick	State RI	Zip 02888
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. <b>DO NOT LIST MEMBERS</b> <small>FILE IN SPACES BEFORE USING ATTACHMENTS (*X-BOX FOR ATTACHMENT) <input type="checkbox"/></small>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 of Form 642 - R.I.G.L. 7-16-11					

**FILED**

SEP 21 2012

By MME  
CL # 2444

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

144092

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] 9-12-12  
Signature of Authorized Person Date

SCOTT Buontempo  
Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY