

## 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

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.	. Exact name of	the limited liability com	пралу		
100912	ROSALIE Realty, LLC				
3. State of Formation 4	Brief description of the character of business conducted in Rhode Island				
RI	Rea	l Estate			
5. Principal office address 187   Wr. 9a.1	DR4 K	d	City Exeter	State Z	02822
. MAILING ADDRESS OF LIMITS	D FINISHTA C	MPANY AND NAME	OR TITLE OF CONTACT PERSO	N:	
Contact Name G. CATHER		Audet	Contact Title Secre	tary	
Street Address 187 Purgatory Rd			City Exeter	State	Zip 02822
'. LIST <u>ALL</u> MANAGERS (NAMES ("X" BOX FOR ATTACHMENT)	AND ADORES	SES) OF THE LIMITE	D LIABILITY COMPANY, IF APPI	ICABLE - DO NO	T LIST MEMBERS
lanager Name			Manager Name		
reet Address			Street Address		
City	tate	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	tate	Zip	City	State	Zip
. RESIDENT AGENT IN RHODE I	BLAND	<del></del>			
his information is currently of re	cord in the Off	ce of the Secretary o	f State. Changes require filing F	orm 642.	· · · · · · · · · · · · · · · · · · ·
FILED SEP 24 2012 By MMC CM # 121	<u>~</u>				
theck No			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 of Authorized Person  Date		
FOR SECRETARY OF STATE US	E ONLY		Print or Type Name of Author		Audet

Form No. 632 Revised: 01/2012