

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.

4 57 - 27 - 17 - 1						
1. Entity ID No.	2. Exact n	ame of the limited lia	ability company			
157094	Carmo	Carmody Family Realty Associates, LLC				
. State of Formation	4 Brief de	Scription of the all				
.	Pool Es	4. Brief description of the character of business conducted in Rhode Island Real Estate and any other lawful purpose.				
Rhode Island	Real Es	tate and any of	her lawful purpose.			
Principal office address			To:			
321 South Main Street, Suite 301			City Providence	State RI	Zip	
. MAILING ADDRESS OF	F LIMITED LIABIL	TY COMPANY AND	NAME OR TITLE OF CONTACT P	- KI	02903	
ontact Name	N. 10 P. 10	MIN WILL WILL	TOURS OF THE OF CONTACT P	ERSON:	Note that the second	
Ann F. Pacheco			Contact Title Manager			
321 South Main Street, Suite 301		City	State			
			Providence	-	Zip 02903	
LIST <u>ALL</u> MANAGERS "X" BOX FOR ATTACH	(NAMES AND AD IMENT) [7]	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER	
ialiauer ivame					SIVI MEMBER	
Ann F. Pacheco			Manager Name			
reet Address						
ame as above			Street Address			
City	State	Zip		 -		
		Zip	City	State	Zip	
anager Name					'	
			Manager Name			
eet Address						
			Street Address			
у	State					
•	State	Zip	City	State	Zip	
RESIDENT ACENT					Zip	
RESIDENT AGENT IN RE	IODE ISLAND					
s information is current	ly of record in the	Office of the Secri	etary of State. Changes require fil	<u> </u>		
			, or state. Changes require fil	ing Form 642.		
			oury or state. Changes require file	ing Form 642.		

FILED

SEP 24 2012

BY___\1_3

_	No. 4			
File Date	Under penalty of perjury, I declare and affirm that I have examined			
Check No	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Ву:	Signature of Authorized Person			
FOR SECRETARY OF STATE USE ONLY	Ann F. Pacheco			
N 455	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012