



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. 540883		2. Exact name of the limited liability company ARIMEL REALTY LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. Principal office address ONE RANDALL SQUARE SUITE 401		City PROVIDENCE	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LUCIANO SZTULMAN MD		Contact Title MANAGER			
Street Address ONE RANDALL SQUARE SUITE 401		City PROVIDENCE	State RI	Zip 02904	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (**X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name LUCIANO SZTULMAN MD		Manager Name			
Street Address ONE RANDALL SQUARE SUITE 401		Street Address			
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Manager Name KAREN MARGARET SZTULMAN		Manager Name			
Street Address ONE RANDALL SQUARE SUITE 401		Street Address			
City PROVIDENCE	State RI	Zip 02904	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.					

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

OCT 02 2012
 1540

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 *Luciano Sztulman* Date *10/01/12*
 Print or Type Name of Authorized Person **Luciano Sztulman**