

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. 99074		2. Exact name of the limited liability company Ellie-Ray Realty, LLC						
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Own and sell real estate						
5. Principal office address 49 Beach Road			City Bristol	State RI	Zip 02809			
6. Uai ling address	OF LIMITED LIABILIT	Y GOMPANY AND N	ME OR TITLE OF CONTAC	T PERSON.	la como de			
Contact Name Eleanor S. Rodrigues			Contact Title Operating Manager					
Street Address 49 Beach Road			City Bristol	State RI	Zip 02809			
7. LIST <u>all</u> ; manager ("X" box for atta	IS (NAMES AND ADD CHMENT)	RESSES) OF THE LI	MITED LIABILITY COMPAN	(, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS			
Manager Name Eleanor S. Rodrigues			Manager Name					
Street Address 49 Beach Road			Street Address		,			
City Bristol	State RI	Zip 02809	City	State	Zip			
Manager Name		Manager Name						
Street Address			Street Address					
City	State	Zip	City	State	Zip			
O RESIDENTAGENT I	A PHODE ISLAND	yeszinarzona desenonación			englande költ atliktartsstell ist.			
This Information is cur	rently of record in the	e Office of the Secret	ary of State. Changes requ	re filing Form 642.				

File				
	k No			
By:				
			USE ONLY	

Form No. 632 Revised: 01/2012 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 Pelson

Date

Eleanor S. Rodrigues

Print or Type Name of Authorized Person