State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
000115864	JERAST REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Rental Property

5. Principal office address	City	State	Zip
1220 PONTIAC AVE, SUITE 203	CRANSTON	RI	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
STEPHEN M. PEZZA	MANAGER

Street Address	City	State	Zip
1220 PONTIAC AVE, SUITE 203	CRANSTON	RI	02920

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
STEPHEN PEZZA	1220 PONTIAC AVE, SUITE 203	CRANSTON	RI	02920
RAYMOND PEZZA	1220 PONTIAC AVE, SUITE 203	CRANSTON	RI	02920

2013 FEB 12 PM 1:00
SECRETARY OF STATE
CORPORATIONS DIV

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

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

000115864

FILED

File Date _____

Check No. FEB 12 2013 1:00

By: 189749

FOR SECRETARY OF STATE USE ONLY

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*

STEPHEN M. PEZZA, MANAGER

Print or Type Name of Authorized Person

Form 632 Rev. 08/08