



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

A. KUPP MOUTS, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3010

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011 2012**

**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)(v)) is subject to a penalty fee of \$25.00.*

1. ID No. 326088	2. Exact name of the limited liability company RLG Properties, LLC
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3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island to manage and own commercial and residential real estate
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5. Principal office address 64 Larchmont Road	City Warwick	State RI	Zip 02886
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name David Ghigliotty	Contact Title
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Street Address 64 Larchmont Road	City Warwick	State RI	Zip 02886
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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	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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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).*

**FILED**

**FEB 21 2013**

BY 1338

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

David Z. Ghigliotty 2/15/13  
Signature of Authorized Person Date  
David Z. Ghigliotty 2-15-13  
Print or Type Name of Authorized Person