



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 **2011**

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. 000121292		2. Exact name of the limited liability company Generic Reality LLC.			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Own, operate, develop, lease and finance real state including without limitation the Premises at 400 Highland Corporate Drive, Cumberland, RI			
5. Principal office address 36 Forest Lane		City Millis		State MA	Zip 02054
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Theodore Iorio		Contact Title Member Manager			
Street Address 36 Forest Lane		City Millis		State MA	Zip 02054
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 Theodore Iorio		Manager Name			
Street Address 36 Forest Lane		Street Address			
City Millis	State MA	Zip 02054	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

FILED

MAR 19 2013

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File Date _____
Check No _____
By: _____
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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.

Theodore Iorio
Signature of Authorized Person

03/15/2013

Date

Theodore L Iorio

Print or Type Name of Authorized Person