



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 **2013**

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. 000424228		2. Exact name of the limited liability company Lombardi Realty Group, L.L.C.	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Commercial and residential real estate rental	
5. Principal office address 67 Vancouver Avenue		City Warwick	State RI
		Zip 02886-2836	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME ON TITLE OF CONTACT PERSON			
Contact Name Joann C. Lombardi		Contact Title Manager	
Street Address 67 Vancouver Avenue		City Warwick	State RI
		Zip 02886-2836	
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 Joann C. Lombardi		Manager Name	
Street Address 67 Vancouver Avenue		Street Address	
City Warwick	State RI	Zip 02886-2836	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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

AUG 21 2013

BY 1186

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.

Joann C. Lombardi 08-19-2013
Signature of Authorized Person Date
JOANN C. LOMBARDI
Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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