



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
143 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3646 • 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: \$60.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>756103</b>		2. Exact name of the limited liability company <b>PORTSMOUTH REALTY, LLC</b>			
3. State of Formation <b>RI.</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE INVESTMENTS</b>			
5. Principal office address <b>227 BEACON AVENUE</b>		City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>JUSTIN T. MCALOON</b>			Contact Title		
Street Address <b>227 BEACON AVENUE</b>		City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)					
Manager Name <b>JUSTIN T. MCALOON</b>			Manager Name <b>ROBERT METAFORA</b>		
Street Address <b>227 BEACON AVENUE</b>			Street Address <b>2 BEN ARTHUR'S WAY</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>DOVER</b>	State <b>MA</b>	Zip <b>02030</b>
Manager Name			Manager Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
8. RESIDENT AGENT IN RHODE ISLAND <b>JUSTIN T. MCALOON 227 BEACON AVE, JAMESTOWN RI 02835</b>					

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

File Date

**FILED**

Check No

**SEP 10 2013**

By

**302**

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

Print or Type Name of Authorized Person

**JUSTIN T. MCALOON**