



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. 112981		2. Exact name of the limited liability company Realty Development Enterprises, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Realty development.			
5. Principal office address 535 Pine Street		City Central Falls	State RI	Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Phillip Ryszkiewicz		Contact Title Manager			
Street Address 61 Pioneer Circle		City Attleboro	State MA	Zip 02703	
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 Phillip Ryszkiewicz		Manager Name			
Street Address 535 Pine Street		Street Address			
City Central Falls	State RI	Zip 02863	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

SEP 24 2013

By *mme*

CA # 11293

File Date _____

Check No _____

By: _____

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.

Phillip Ryszkiewicz 8/19/13
 Signature of Authorized Person Date

PHILLIP RYSZKIEWICZ
 Print or Type Name of Authorized Person