

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 517877		2. Exact name of the limited liability company Realty Reinvestments, LLC							
51/6//		·							
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island Real Estate							
Rhode Island	Real Est								
5. Principal office address 36 Washington Square			City	State	Zip				
			Newport	RI	02840				
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Contact Name William R. Martin			Contact Title	Contact Title					
Street Address 77 Alden Road			City Fairhaven	State MA	^{Zip} 02719				
7. LIST <u>ALL WANAGERS</u> ("X" BOX FOR ATTACH	NAMES AND ADD MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, 1	APPLICABLE - <u>DO</u>	NOT UST MEMBERS				
Manager Name			Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
Manager Name			Manager Name	Manager Name					
Street Address			Street Address						
City	State	Zip	City	State	Zip				
B. PRESIDENT (AVEENTALITEE)	JÖDE ISLAND								
		Office of the Sec	eters of State Champa	W 5 640					
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File Date				
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FURSEL		Maria Cara Barra	a "雅 a 》::) "雅 :	化二甲酚 经超级
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Form No. 632 Revised: 01/2012 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 the on are true and correct.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

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