



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 2010

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. 136293		2. Exact name of the limited liability company DEMKRIS REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island ownership and development of real estate			
5. Principal office address 1789 Smith Street		City North Providence	State RI	Zip 02911-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Demetrius D. Sampalis		Contact Title Member			
Street Address 1789 Smith Street		City North Providence	State RI	Zip 02911-0000	
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 Demetrius D. Sampalis		Manager Name			
Street Address 11 Betsy Williams Circle		Street Address			
City Johnston	State RI	Zip 02919	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.					

SECRETARIAT OF STATE
 CORPORATIONS DIV.
 2014 MAY 12 PM 2:17

FILED
 MAY 12 2014
 By 223966
 A.A. 2:21 p.m.

File Date _____
 Check No _____
 By: _____

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.

Demetrius Sampalis 03/01/2014
 Signature of Authorized Person Date
 Demetrius D. Sampalis
 By: _____
 Print or Type Name of Authorized Person
 Member