



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114500	2. Exact name of the limited liability company RUMI, LLC
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3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island REALITY HOLDING COMPANY
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5. Principal office address 256 RANKIN AVENUE	City PROVIDENCE	State RI	Zip 02908
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name ROBERT LEAVER	Contact Title .
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Street Address 256 RANKIN AVENUE	City PROVIDENCE	State RI	Zip 02908
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7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT)

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52.

Manager Name MICHELLE GONZALEZ	Manager Name .
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Street Address 56 PINE STREET 2B	Street Address .
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City PROVIDENCE	State RI	Zip 02903	City .	State .	Zip .
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Manager Name .	Manager Name .
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Street Address .	Street Address .
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City .	State .	Zip .	City .	State .	Zip .
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name M'LISS K. RINALDI	Address 86 WEYBOSSET STREET
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Address .	City PROVIDENCE	Zip 02903-
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FILED

SEP 21 2004

By lmc CYS2WA

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
SEP 21 2 46 PM '04

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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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.

	9/17/04
Signature of Authorized Person	Date
Robert J. Leaver	
Print or Type Name of Authorized Person	