



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 **2009**

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. 119395		2. Exact name of the limited liability company MAGIC REALTY LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island LAND DEVELOPMENT			
5. Principal office address 1885 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEANE TANNOUS			Contact Title MEMBER		
Street Address 6 CITY VIEW CIRCLE			City NORTH PROVIDENCE	State RI	Zip 02911
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 NONE			Manager Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name NONE			Manager Name NONE		
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

MAY 05 2016

By 273621

A.A. 10:23 A.M.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 MAY - 5 AM 10:18

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.

Jeane Tannous
 Signature of Authorized Person

3/15/16
 Date

JEANE TANNOUS

Print or Type Name of Authorized Person