



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 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 135804		2. Exact name of the limited liability company EMJ Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, RENTING AND LEASING REAL ESTATE			
5. Principal office address 16 SUNNYSIDE DRIVE		City JOHNSTON	State RI	Zip 02919-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ERNEST MOTTA		Contact Title			
Street Address Same		City	State	Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	*City	*State	*Zip
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	*City	*State	*Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ERNEST MOTTA		Address 16 SUNNYSIDE DRIVE			
Address		City JOHNSTON		Zip 02919-	

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



1 3 5 8 0 4

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.

*Ernest Motta* - 9/8/05  
Signature of Authorized Person Date

Ernest Motta  
Print or Type Name of Authorized Person

*135804 DLLC 09/06/05 04:14:43 PM*
File Date <u>9/15/05</u>
Check No. <u>4214</u>
By: <u>JM</u>
FOR SECRETARY OF STATE USE ONLY



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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ernest Motta			Contact Title		
Street Address		City		State	Zip
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 3 5 8 0 4 \*

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.

File Date 11/15/04  
Check No. 3950  
By: U.  
FOR SECRETARY OF STATE USE ONLY

Ernest Motta 9/20/04  
Signature of Authorized Person Date  
Ernest Motta  
Print or Type Name of Authorized Person