



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 135435		2. Exact name of the limited liability company R.D.L. Realty, llc	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASING, SELLING, MANAGING AND DEVELOPING REAL PROPERTY	
5. Principal office address 483 Greenville Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard E. Lafazia		Contact Title Manager	
Street Address 483 Greenville Avenue		City Johnston	State RI
		Zip 02919	
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 Richard E. Lafazia		Manager Name	
Street Address 483 Greenville Avenue		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JACK D. PITTS		Address	
Address 635 KILLINGLY STREET		City JOHNSTON	Zip 02919

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



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.

Filed Date 9/15/05	ID No 135435
Check No. 173	
By: [Signature]	
FOR SECRETARY OF STATE USE ONLY	

[Signature] **9/12/05**
Signature of Authorized Person Date
Richard E. Lafazia
Print or Type Name of Authorized Person



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* 1 3 5 4 3 5 *

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	10/22/04
Check No.	134
By:	W
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person
Richard E. Lafazia
Date
9/20/04

Richard E. Lafazia
Print or Type Name of Authorized Person