



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. 141544		2. Exact name of the limited liability company SGS Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address 770 N. Quidnessett Road		City North Kingstown	State RI Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Maryellen Sliney		Contact Title	
Street Address 770 N. Quidnessett Road		City North Kingstown	State RI Zip 02852
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 MARY ELLEN SLINNEY		Manager Name	
Street Address 770 NORTH QUIDNESSETT Rd		Street Address	
City N. KINGSTOWN	State R.I.	Zip 02852	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 DANIEL K. FLAHERTY		Address 33 COLLEGE HILL ROAD, SUITE 20 D	
Address		City WARWICK	Zip 02886-

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



1 4 1 5 4 4

\*141544 DLLC 10/04/05 10:13:27 AM\*

File Date 1/27/06

Check No. 161

By: [Signature]

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.

Mary Ellen Sliney  
Signature of Authorized Person Date

Maryellen Sliney, Administrator  
Print or Type Name of Authorized Person  
of the Estate of

STATE WIDE

STATE OF RHODE ISLAND &c.  
COUNTY OF WASHINGTON

PROBATE COURT OF THE  
TOWN OF NORTH KINGSTOWN

Estate of **STEVEN G. SLINEY**  
**alias STEVEN GERALD SLINEY**

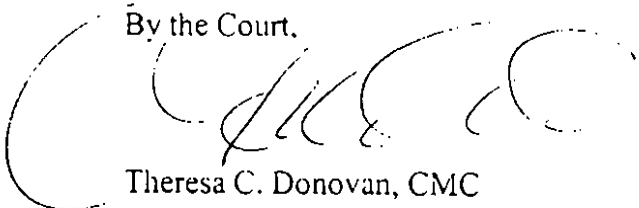
DOD: September 12, 2005  
NO.: 6128  
DATE OF QUALIFICATION: 11/23/2005

To **MARY ELLEN SLINEY**  
770 North Quiddnessett Road  
North Kingstown, RI 02852

GREETINGS:

You, having qualified as **ADMINISTRATRIX**, are by these presents vested with all the power and authority to said office by law belonging.

By the Court.



Theresa C. Donovan, CMC  
Deputy Probate Clerk Pro Tem  
December 5, 2005