



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. 84778		2. Exact name of the limited liability company Abramek Realty Associates, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND MANAGEMENT			
5. Principal office address 777 PUTNAM PIKE		City SMITHFIELD	State RI	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WILLIAM ABRAMEK			Contact Title		
Street Address 777 PUTNAM PIKE		City SMITHFIELD	State RI	Zip 02917-	
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 William Abramek		Manager Name			
Street Address 777 Putnam Pike		Street Address			
City Smithfield	State RI	Zip 02917	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 JOHN A. GLASSON, ESQ.			Address ONE PROVIDENCE WASHINGTON PLAZA, 5TH FLOOR		
Address		City PROVIDENCE	Zip 02903		

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



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File Date 9-24-03

Check No. 3754

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.

William J. Abramek 9/19/03
Signature of Authorized Person Date

William J. ABRAMEK
Print or Type Name of Authorized Person