

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

1. ID No.	2 600.00	nama of the limited liabili	L. Carlot Cara					
91972	2. Exact name of the limited liability company RM REALTY L.L.C.							
91912	KMK	ALIY L.L.C.						
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island								
RHODE ISLAND OWN, LEASE REAL ESTATE								
5. Principal office address				City	State		Zψ	
1825 MIDDLE ROAD				EAST GREENWICH	RI	02818		
6. MAILING ADDRES	SS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:	M-lika	Hait	
Contact Name				Contact Title				
THOMAS RICCI								
Street Address				City	State		Ζiţ	
1825 MIDDLE ROAD				EAST GREENWICH	RI		0281	8
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS								
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT).								
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Manager Name				Manager Name				71
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City		State	Zip	Gity	State		C.P	
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	'IN RHO	DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642	R.I.G.L. 7-1	6-11	A 5.1.5	250
Agent Name				Address			ب <u>ب</u> اح	芝马
DAVID V. IGLIOZZI, ESQ.							10	r1
Address				Giţy	Zip			A. Carrier
926 PARK AVENUE				CRANSTON	NSTON 02910			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

91972

FILED

Check No. SEP 12 2000

By ASO()

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.

Signature of Authorized Person

THOMAS RICCI

Print or Type Name of Authorized Person

Form 632 Rev. 07/07