

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. Exact	t name of the limited liability company						
108746		REALTY, LLC						
	FOGD							
3. State of Formation				ich is actually conducted in Rhode Island				
RHODE ISLAND		MANAGING AND L	EASING OF REAL ES	ESTATE				
<ol><li>Principal office address</li></ol>				City	State		Zip	
335 PROVIDENCE STREET				WARWICK	RI		02886	
6. MAILING ADDRES	S OF L	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS		general in	27 98 88 8 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Contact Name				Contact Title				
PIERRE BOUKARIM				MEMBER				
Street Address				City	State		Zip	
335 PROVIDENCE	STRE	ET		WARWICK	RI		02886	
T NAME AND ADDR	TEE AR	PARTITATION O			1	li Ala Halaway	i i	
	ESS OF	FILL IN SPACE	IT THE LIMITED LIABI S REFORE USING ATT	LITY COMPANY, IF APPLICAT	TE - DO V	OT LIST	<u>MEMBERS</u>	
Marana Nama	May State	4 marine 1944 1954	S OM VILL COLLECTION		HMENTS ("X" BOX FOR ATTACHMENT)			
Manager Name				Manager Name				
Street Address				Street Address				
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City		State	Zip	Сйу	State	····	Zip	
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Manager Name				Manager Name				
Street Address				Street Address				
Cîty		State	Zip	City	State		Zip	
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8. RESIDENT AGENT	IN REC	DE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	RIGI 74	631		
Agent Name		The state of the s		Address	246 an 1840 an			
CHARLES F. REIL	LY, ES	Q.		681 SMITH STREET				
Address				City	Zip			
			<u></u>	PROVIDENCE		02906		

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

108746

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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.

Pic	Boule.
Signature of Auth	iorized Person

PIERRE BOUKARIM

Print or Type Name of Authorized Person

Form 632 Rev. 07/07