



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 150481		2. Exact name of the limited liability company Guine / Mick Realty, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate Acquisitions			
5. Principal office address 80 Kilvert Street		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON.					
Contact Name Richard J. Pezza		Contact Title			
Street Address 80 Kilvert Street		City Warwick	State RI	Zip 02888	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Pezza		Manager Name			
Street Address 4		Street Address			
City Warwick	State	Zip 02886	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

SECRETARY OF STATE
 CORPORATIONS DIV
 2012 APR 16 AM 11:21
 2012 MAY 15 AM 10:41

FILED
 MAY 15 2012
 By: MUS39
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File Date _____
 Check No _____
 By: _____
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.

Richard J. Pezza 3/28/12
 Signature of Authorized Person Date
 Richard J. Pezza
 Print or Type Name of Authorized Person