



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2009

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. 152091		2. Exact name of the limited liability company 195 DuPont Drive, 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 10 Beacon Hill Drive			City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul D. Sardelli			Contact Title Manager		
Street Address 10 Beacon Hill Drive			City Warwick	State RI	Zip 02886
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) <input type="checkbox"/>					
Manager Name Paul D. Sardelli			Manager Name Stephen T. Sardelli		
Street Address 10 Beacon Hill Drive			Street Address 10 Beacon Hill Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Manager Name David Sardelli			Manager Name		
Street Address 10 Beacon Hill Drive			Street Address		
City Warwick	State RI	Zip 02886	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 David M. Gilden, Esq.			Address		
Address 180 South Main Street			City Providence	Zip 02903	

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 CORPORATIONS DIV
 STATE

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

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.

Paul D. Sardelli 9/18/09
Signature of Authorized Person Date

Paul D. Sardelli
Print or Type Name of Authorized Person

File Date	9-17-09
Check No.	14734
By:	<i>MNC</i>
FOR SECRETARY OF STATE USE ONLY	