State of Rhode Island and Providence Plantations Fee: \$50.00 Office of the Secretary of State				
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
(401) 222-3040				
Limited Liability	Company			
Annual Report Filing Period: Septem	ber 1 - November 1			
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.				
ANNUAL REPORT YEAR: 2009				
1. ID No. <u>000094079</u>				
2. Exact Name of the Limited Liability Company Advantage Land Company, LLC				
3. State of Format	ion			
State: <u>RI</u>				
REAL ESTATE DI	of the Character of the Busines			
5. Principal Office	Address			
No. and Street:	640 TEN ROD ROAD			
City or Town:	NORTH KINGSTOWN	State: RI	Zip: 02852	Country: USA
-	of Limited Liability Company a			·
Contact Name: <u>MIC</u> No. and Street:	CHAEL L BAKER Contact Title: P.O. BOX 297			
City or Town:	<u>NORTH KINGSTOWN</u>	State: RI	Zip: 02852	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Add	Iress
	First, Middle, Last, Suffix	. A		State, Zip Code, Country
<u>.</u>	1	I		
	T IN RHODE ISLAND - DO NOT A Filing of Form 642 - R.I.G.L. 7-1			
MICHAEL L. BAKER 640 TEN ROD ROAD NORTH KINGSTOWN , RI 02852				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 9 Day of December, 2009 at 9:42:33 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL L. BAKER Signature of Authorized Person

Form No. 632 Revised 09/07

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