RALPH MOIL	State of Rhode Island Office of the	d and Provide e Secretary of		DNS Fee: \$50.0
	Division (	Of Business Servi	ices	
		W. River Street		
a the	Provider	nce RI 02904-26	15	
cretary of Sta	(40	01) 222-3040		
imited Liability.	Company			
Annual Report				
iling Period: Septer	nber 1 - November 1			
	R.I.G.L. 7-16-66(d), each limited l			to
	within thirty (30) days after the tin ect to a penalty fee of \$25.00.	ne prescribed by i	law (R.I.G.L.	
- 10-00( <i>D&amp;C)) is subj</i>	eci lo a perially lee of \$25.00.			
ANNUAL REPORT	YEAR: <u>2011</u>			
1. ID No. <u>0001</u> 4	40766			
2. Exact Name of	the Limited Liability Company	y Adams Realty 1	Investment Com	pany, LLC
3. State of Format	ion			
State: <u>RI</u>				
	OLDING COMPANY			
5. Principal Office	Address			
No. and Street:	35 PRISCILLA DRIVE			
City or Town:	BARRINGTON	State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
6. Mailing Address	of Limited Liability Company	and Name or Ti	tle of Contact P	Person:
Contact Name: Co	ntact Title:	v and Name or Ti	tle of Contact F	Person:
Contact Name: Co No. and Street:	ntact Title: <u>35 PRISCILLA DRIVE</u>			
Contact Name: Co No. and Street:	ntact Title:	<b>y and Name or Ti</b> State: <u>RI</u>	tle of Contact F Zip: <u>02806</u>	Person: Country: <u>USA</u>
Contact Name: Co No. and Street: City or Town:	ntact Title: <u>35 PRISCILLA DRIVE</u> <u>BARRINGTON</u> ess of Each Manager of the Li	State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
Contact Name: Co No. and Street: City or Town: 7. Name and Addre	ntact Title: <u>35 PRISCILLA DRIVE</u> <u>BARRINGTON</u> ess of Each Manager of the Li	State: <u>RI</u> imited Liability C	Zip: <u>02806</u> Company, if App	Country: <u>USA</u>
Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME Title	ntact Title: <u>35 PRISCILLA DRIVE</u> <u>BARRINGTON</u> ess of Each Manager of the Li EMBERS Individual Nam First, Middle, Last, Su	State: <u>RI</u> imited Liability C	Zip: <u>02806</u> Company, if App Add	Country: <u>USA</u> Dlicable.
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Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME Title MANAGER 8. RESIDENT AGEN	ntact Title: <u>35 PRISCILLA DRIVE</u> <u>BARRINGTON</u> ess of Each Manager of the Li EMBERS Individual Nam First, Middle, Last, Su JOSEPH ADAMS IT IN RHODE ISLAND - DO NO	State: <u>RI</u> imited Liability C ne uffix Ad	Zip: <u>02806</u> Company, if App Add Idress, City or Town, 35 PRISC	Country: <u>USA</u> Dicable. dress State, Zip Code, Country CILLA DRIVE
Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME Title MANAGER 8. RESIDENT AGEN	ntact Title: <u>35 PRISCILLA DRIVE</u> <u>BARRINGTON</u> ess of Each Manager of the Li EMBERS Individual Nam First, Middle, Last, Su JOSEPH ADAMS	State: <u>RI</u> imited Liability C ne uffix Ad	Zip: <u>02806</u> Company, if App Add Idress, City or Town, 35 PRISC	Country: <u>USA</u> Dicable. dress State, Zip Code, Country CILLA DRIVE

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

**Signed this 14 Day of October, 2011 at 9:32:47 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 JOE ADAMS Signature of Authorized Person

Form No. 632 Revised 09/07

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