RI SOS Filing Number: 200700893320 Date: 09/13/2007 4:00 PM

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 2007

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 name of the limited liability company
128384	PATRICIAN PROPERTIES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNING AN INTEREST IN REAL ESTATE, THE OPERATION AND MAINTENANCE OF SAME.

5. Principal office address	City	State	Zip
148 Howland Avenue	East Providence	RI	02914

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Patricia M. Abbatomarco	Manager

Street Address	City	State	Zip
148 Howland Avenue	East Providence	RI	02914

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS (☒ BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Patricia M. Abbatomarco	148 Howland Avenue	East Providence	RI	02914

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
JAMES F. MCALEER	30 KENNEDY PLAZA, SUITE 332	PROVIDENCE	02903-

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

[redacted] [redacted]

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.

Patricia M. Abbatomarco 9-12-07
Signature of Authorized Person *Date*

[redacted] Patricia M. Abbatomarco, Manager
Print or Type Name of Authorized Person

File Date 9/13
Check No. 1823
By: MK
13897-45-183044
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07