



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 2008

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. 000130099		2. Exact name of the limited liability company RI-R COUNTRY LANE, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND LEASE RESIDENTIAL REAL ESTATE			
5. Principal office address 9 DARTMOUTH ST		City BOSTON	State MA	Zip 02116-5901	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: LAURA KATLEMAN-PRUE Contact Title:					
Street Address 9 DARTMOUTH ST		City BOSTON	State MA	Zip 02116-5901	
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) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 RICHARD N. MORNEAU		Address 38 NORTH COURT STREET			
Address		City PROVIDENCE	Zip 02903		

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

000130099

File Date	<u>7-16-08</u>
Check No.	<u>2340</u>
By:	<u>[Signature]</u>
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.

[Signature] 7/14/08
Signature of Authorized Person Date
LAURA KATLEMAN-PRUE
Print or Type Name of Authorized Person