



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. 160664		2. Exact name of the limited liability company 90 Point Judith, LLC	
3. State of Formation Massachusetts		4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in businesses related to holding, purchasing, selling, leasing, developing, redeveloping and to engage in any other lawful business activities under the Act.	
5. Principal office address 17 Lincoln St., 2nd Flr., PO Box 610227		City Newton Highlands	State MA
		Zip 02461	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ronald Cahaly		Contact Title Manager	
Street Address C/o Arin Realty Co., Inc. 17 Lincoln Street, 2nd Flr / PO Box 610227		City Newton Highlands	State MA
		Zip 02461	
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 Ronald F. Cahaly		Manager Name	
Street Address 17 Lincoln St., 2nd Flr., PO Box 610227		Street Address	
City Newton Highlands	State MA	City	State
	Zip 02461		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 Incorporating Services, Ltd.		Address	
Address 222 Jefferson Boulevard, Warwick, RI 02888		City	Zip

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

File Date	9-3-08
Check No.	0146
By:	MNC
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.

Ronald Cahaly **9/2/08**
Signature of Authorized Person Date
Ronald F. Cahaly
Print or Type Name of Authorized Person