RALPH MOILE	State of Phode Jelend and Dre	
COLUMN TIM	Office of the Secreta	ovidence Plantations Fee: \$50. Iry of State
Secretary of Store	Corporations Div 148 W. River S Providence, Rhode Island Telephone: (401) 22	treet d 02904-2615
imited Liability Co	mpany	
nnual Report		
iling Period: September	1 - November 1	
e its annual report withi	.L. 7-16-66(d), each limited liability com n thirty (30) days after the time prescribe to a penalty fee of \$25.00.	
ANNUAL REPORT YEA	<b>R</b> : <u>2008</u>	
. ID No. <u>0001622</u>	53	
. Exact Name of the	Limited Liability Company <u>RESOL,</u>	
8. State of Formation		
State: <u>RI</u>		
eal estate investment	Iress RESERVOIR AVENUE, SUITE 2A	
No. and Street: 400 F		
	VIDENCE	State: <u>RI</u> Zip: <u>02907</u> Country: <u>USA</u>
Dity or Town: PRO   S. Mailing Address of Operation   Contact Name: GREG   No. and Street: 40   SL	VIDENCE Limited Liability Company and Name ORY A. MARDEROSIAN Contact Title: 0 RESERVOIR AVENUE JITE 2K	
Dity or Town: PRO   Dity or Town: PRO   Dity or Town: PRO   Dity or Town: PRO	VIDENCE   Limited Liability Company and Name   ORY A. MARDEROSIAN Contact Title:   0 RESERVOIR AVENUE   JITE 2K   COVIDENCE   St   of Each Manager of the Limited Liab	e or Title of Contact Person:
Dity or Town: PRO   S. Mailing Address of Operation   Contact Name: GREG   No. and Street: 40   SL SL   Dity or Town: PR   Y. Name and Address PR	VIDENCE   Limited Liability Company and Name   ORY A. MARDEROSIAN Contact Title:   0 RESERVOIR AVENUE   JITE 2K   COVIDENCE   St   of Each Manager of the Limited Liab	e or Title of Contact Person:
Dity or Town: PRO   5. Mailing Address of   5. Mailing Address of   Contact Name: GREG   No. and Street: 40   SL   Dity or Town: PR   7. Name and Address   DO NOT LIST MEME   Title	VIDENCE   Limited Liability Company and Name   ORY A. MARDEROSIAN Contact Title:   0 RESERVOIR AVENUE   JITE 2K   COVIDENCE   Stack   of Each Manager of the Limited Liab   BERS   Individual Name   First, Middle, Last, Suffix	e or Title of Contact Person: Eate: <u>RI</u> Zip: <u>02907</u> Country: <u>USA</u> Dility Company, if Applicable.
Dity or Town: PRO   5. Mailing Address of   5. Mailing Address of   Contact Name: GREG   No. and Street: 40   SL   Dity or Town: PR   7. Name and Address   DO NOT LIST MEME	VIDENCE   Limited Liability Company and Name   ORY A. MARDEROSIAN Contact Title:   0 RESERVOIR AVENUE   UITE 2K   2OVIDENCE   Stack   of Each Manager of the Limited Liab   BERS   Individual Name	e or Title of Contact Person: nate: <u>RI</u> Zip: <u>02907</u> Country: <u>USA</u> pility Company, if Applicable. Address

<u>GREGORY A. MARDEROSIAN 400 RESERVOIR AVENUE, SUITE 2A PROVIDENCE</u>, <u>RI 02907-</u>

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

**Signed this 4 Day of September, 2008 at 11:36:07 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 <u>GREGORY A. MARDEROSIAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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