



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
138 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. 164647		2. Exact name of the limited liability company Radius Ninety-Nine Membership, LLC		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Co-owner of Radius Ninety-Nine Realty, LLC		
5. Principal office address 50 Holden Street		City Providence	State RI	Zip 02908
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Paul Kemp				
Street Address 1671 Worcester Road, Suite 300		City Framingham	State MA	Zip 01702
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 Radius Ninety-Nine Corporation		Manager Name		
Street Address 50 Holden Street		Street Address		
City Providence	State RI	Zip 020908	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name Timothy Sullivan		Address 50 Holden Street		
Address		City Providence	Zip 02908	

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

164647

FILED	
File Date	SEP 11 2008
Check No.	By <u>K20</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.

Christine Bassett
Signature of Authorized Person

CHRISTINE BASSETT
Print or Type Name of Authorized Person