



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 90099		2. Exact name of the limited liability company Mainline Partners, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Development and Management	
5. Principal office address 10 Orms Street, Suite 330		City Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Arthur S. Robbins		Contact Title Managing Partner	
Street Address 10 Orms Street, Suite 330		City Providence	State RI
		Zip 02904	
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 Romolo A. Marsella		Manager Name Dennis DeSilva	
Street Address 110 Amore Road		Street Address 145R West Main Street	
City Warwick	State RI	City Norton	State MA
Zip 02886		Zip 02766	
Manager Name Arthur S. Robbins		Manager Name	
Street Address 50 Park Row West - Apt. 803		Street Address	
City Providence	State RI	City	State
Zip 02903		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

File Date	FILED
Check No.	SEP 17 2008
By	783
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.

Arthur S. Robbins 9/16/08
Signature of Authorized Person Date
Arthur S. Robbins
Print or Type Name of Authorized Person