RI SOS Filing Number: 200835301280 Date: 09/17/2008 4:00 PM

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.	2. Exact name of the limited liability company		
143209	142-146 Granite Street LLC.		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	Own, operate and manage real estate		
5. Principal office address	City	State	Zip
142-146 Granite Street	Westerly	RI	02891

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Bruce W. Gladstone			
Street Address	City	State	Zip
56 Exchange Terrace	Providence	RI	02903

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		
Stuart B. Greenfield, Esquire					
Street Address			Street Address		
223 West Town Street					
City	State	Zip	City	State	Zip
Norwich	CT	06360			
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	Address	
BRUCE W. GLADSTONE	56 Exchange Terrace	
Address	City	Zip
	Providence	02903

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

[redacted] 143209 [redacted]

File Date	9-17-08
Check No.	1497
By:	MMC

FOR SECRETARY OF STATE USE ONLY

25856-20-277736

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.

Manager 9/15/08
Signature of Authorized Person *Date*

Stuart B. Greenfield, Manager
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07