

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	2. Exact name of the limited liability company						
154812		Ckfoot Properties, LLC						
3. State of Formation	4. Brief descriptio	4. Brief description of the character of the business which is actually conducted in Rhode Island						
Rhode Island	Real estate							
5. Principal office address			City	State	Zip			
30 Cherokee Bend			Charlestown	RI	02813			
6. MAILING ADDRES	is of limited liabil	ATY COMPANY AN	D NAME OR TITLE OF CONTACT	PERSON:				
Contact Name			Contact Title	Contact Title				
M. Christine Benoit	<u>i</u>		Authorized Person					
Street Address			City	State	<i>7.</i> 抑			
30 Cherokee Bend			Charlestown	RI	02813			
7. NAME AND ADDR	ESS OF EACH MANAC	ER OF THE LIMIT	ED LIABILITY COMPANY, IP APP	LICABLE - DCI	SOT EIST MEMBERS			
	Cherokee Bend Charlestown RI 02813 NAMB AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABULTY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ALTACHMENTS (X BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address							
Manager Name			Manager Name	Manager Name				
Street Address			Street Address		773			
City	State	Zip	City	State	20 355 655			
Manager Name			Manager Name	Manager Name 3000				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT	IN RHODE ISLAND -	DO NOT ALTER - (hanges require filing of Form	642 - R.I.G.L. 7-1	6.11			
Agent Name			Address		904 (44) () () () () () () () ()			
Deborah DiNardo Esq.			180 South Main Stree	180 South Main Street				
Adviress			City	City Zip				
Partridge Snow & Hahn LLP			Providence		02903			

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

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			HOUSE LINE COLUMN	

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.

Signature of Authorized Person

Date

M. Christine Benoit

Print or Type Name of Authorized Person