

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									
151074	1	Post Road, LLC								
3. State of Formation		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				
5700 POST ROAD				E. GREENWICH	RI		02818			
6. MAILING ADDRE	SS OF L	IMITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT PERS	ÔN:					
Contact Name				Contact Title						
JAMES MASTORS				Member						
Street Address				City	State		Zip			
5700 POST ROAD				E. GREENWICH	RI		02818			
7- NAME AND ADD Manuger Name	iess of	EACH MANAGER O FILL IN SPACE	P THE LIMITED LIAB BEFORE USING ATT	ILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name						
Street Address			Street Address							
City		State	<i>Zi</i> p	City	State		Zip	VII.		
Манадеr Name				Manager Name		************	The Co			
Street Address				Street Address			F			
CHY		State	Zip	City	State		ZipCO	50		
	IN RH	DDE ISLAND - DO N	Of ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11	2	$\omega_{G} \subset$		
Agent Name				Address						
DAVID M. GILDEN, ESQ.								1 (1)		
Address				City Zip			~			
180 South Main Street				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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		word day to be a second	Secretary Annual Confession	22.0	Entrated Color (1971)
			14960010101690		THE PROPERTY OF STREET

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

James Mastors

Print or Type Name of Authorized Person