



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. 156315		2. Exact name of the limited liability company JOHNSTON GROVES LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT			
5. Principal office address C/O THE DOLBEN COMPANY, 25 CORPORATE DR, STE 210		City BURLINGTON	State MA	Zip 01803	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: C/O Cornerstone Real Estate Advisors LLC Contact Title: Priority Member Agent					
Street Address One Financial Plaza, Suite 1700		City Hartford	State CT	Zip 06103-2604	
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 MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		Manager Name			
Street Address C/O CREA; 180 GLASTONBURY BLVD., SUITE 200		Street Address			
City GLASTONBURY	State CT	Zip 06033	City	State	Zip
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 CORPORATION SERVICE COMPANY		Address			
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888		

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

156315

FILED

File Date **SEP 18 2008**
Check No. **By 156315**
By: _____
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.

Signature of Authorized Person: *David J. Reilly* Date: *9/3/08*
DAVID J. REILLY
Print or Type Name of Authorized Person