



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. 113260		2. Exact name of the limited liability company Georgetown Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF COMMERCIAL REAL ESTATE			
5. Principal office address 25 NETOP COURT		City EAST GREENWICH	State RHODE ISLAND	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name EDMUND D. CIANCIARULO			Contact Title MANAGER		
Street Address 25 NETOP COURT		City EAST GREENWICH	State RHODE ISLAND	Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name EDMUND D. CIANCIARULO			Manager Name		
Street Address 25 NETOP COURT		Street Address			
City EAST GREENWICH	State RHODE ISLAND	Zip 02818	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 GIRARD R. VISCONTI, ESQUIRE			Address VISCONTI & BOREN, LTD.		
Address 55 DORRANCE STREET		City PROVIDENCE	Zip RHODE ISLAND		

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

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<b>FILED</b>	
File Date	SEP 30 2008
Check No.	
By:	By <u>Edmund D. Cianciarulo</u> 11/31
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] 12 Sept 2008  
Signature of Authorized Person Date  
EDMUND D. CIANCIARULO, MANAGER  
Print or Type Name of Authorized Person