

A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street

Providence, RI 02904-2615
401.2223040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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 (beye)) is subject to a penalty fee of \$25,00.

	,	у сотрапу				
Gleen	ume of the limited liability company  Acres, LLC					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which DEVELOPMENT OF REAL ESTATE			th is actually conducted in Rhode Island			
5. Principal office address 1414 Atwood Avenue			City Johnston	State RI	<i>Ζψ</i> 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Alfred Carpionato			OR TITLE OF CONTACT PERSON:  Gontact Title  Member			
Street Address 1414 Atwood Avenue			arg Johnston	State RI	<i>zւր</i> 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name			
Street Address			Street Address			
Gity S	State	Zip	City	State	Zψ	
Manager Name			Manager Name			
Street Address			Street Address			
*	State	<b>Ζ</b> ψ	City	State	Zψ	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11						

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

162075

File Date	9-26-08
Check No	00003097
Ву:	mnc
FO	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that have examined this report,
including any accompanying schedules and statements, and that all statements contained herein any true and correct.
White about the
Signature of Authorized Person U
Alfred Carpionato
Print or Type Name of Authorized Person
Form 632 Rev. 08/08