

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

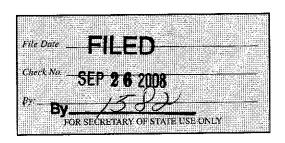
Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 (b&c)) is subject to a penalty fee of \$25.00.

(R.I.G.L. 7-16-66 (b&	3	2 20 2					
1. ID No. 000124566	СОМР	name of the limited liability company PASS PROPERTIES, LLC					
3. State of Formation 4. Brief description of the character of the bushin REAL ESTATE DEVELOPEMEN				ess which is actually conducted in Rhode Island			
5. Principal office address 266 PUTNAM PIKE				SMITHFIELD	State RI	210 02917	
6. MAILING ADI Contact Name NICHOLAS VE		MITED LIAB	LITY COMPANY ANI	NAME OR TITLE OF CONTACT Contact Title PRESIDENT	PERSONE CONTROLLER		
Street Address 266 PUTNAM PIKE				City SMITHFIELD	State RI	7.tp 02917	
7. NAME AND A	DDRESS OF	EACH MANA FILL IN	GER OF THE LIMITE SPACES BEFORE USI	D LIABILITY COMPANY, IF API NG ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NOT</u> OR ATTACHMENT)	LIST MEMBERS	
Manager Name				Manayer Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zip	Сиу	State	Zíp	
Manager Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Manager Name			
Street Address				Street Address	Street Address		
City		State	Zip	City	State	Zip ындальнопольно эспиволено области	
8. RESIDENT AG This information	SENT IN RIFE	ODE ISLAND f record in the	Office of the Secretary	of State. Changes require filing of	Form 642 - R.I.G.L. 7-1	16-11	
				Name of the second seco		3	

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

000124566



Under penalty of perjury, I declare and affirm that I have examined this report
including any accompanying schedules and statements, and that all statement
contained herein are true and correct.

lullate Win

Signature of Authorized Person

Date

NICHOLAS VELTRI

Print or Type Name of Authorized Person