RI SOS Filing Number: 200836149160 Date: 09/29/2008 4:00 PM

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.	2. Exact name of the limited liability company
88700	Colaluca Management Associates, 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 Management

5. Principal office address	City	State	Zip
One Austin Avenue	Greenville	Rhode Island	02828

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Americo W. Colaluca	Operating Manager

Street Address	City	State	Zip
One Austin Avenue	Greenville	Rhode Island	02828

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) ☐

Manager Name	Street Address	City	State	Zip
Americo W. Colaluca	One Austin Avenue	Greenville	Rhode Island	02828

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Americo W. Colaluca	One Austin Avenue	Greenville	02828

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2008 SEP 29 AM 9:22
SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] 88700 [redacted]

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.

Americo W. Colaluca 9-22-2008
Signature of Authorized Person *Date*

[redacted] Americo W. Colaluca
Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 29 2008
By:	By 24

FOR SECRETARY OF STATE USE ONLY

26815-69-287691

Form 632 Rev. 07/07