RI SOS Filing Number: 200836192490 Date: 10/02/2008 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
155907	PLEASANT PROPERTY SUBDIVISION, 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 DEVELOPERS

5. Principal office address	City	State	Zip
101 TUPELO STREET	BRISTOL	RI	02809

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

Contact Name	Contact Title
EDWARD J COX II	CONTROLLER

Street Address	City	State	Zip
101 TUPELO STREET	BRISTOL	RI	02809

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
Edward J. Cox II	101 Tupelo Street	Bristol	R.I	02809

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address	City	Zip
EDWARD J COX II			
Address		City	Zip
101 TUPELO STREET		BRISTOL	02809

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

[redacted] 155907 [redacted]

FILED
File Date OCT 02 2008
Check No. 1044
By:
26886-10-288728
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 *Date* 9/8/08

[redacted] EDWARD J COX II

Print or Type Name of Authorized Person

Form 632 Rev. 07/07