

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPÁNY 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 (ber)) is subject to a penalty fee of \$25.00.

1. ID No. 124369		xact name of the limited tiability company & B REAL ESTATE HOLDINGS, LLC					
3. State of Formation Rhode Island 4. Brief description of the character of the busin REAL ESTATE HOLDING COM			pusiness which is actually conducted in DMPANY	ness which is actually conducted in Rhode Island PANY			
5. Principal office address 9 Arlington Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name			Gity Westerly	State RI	<i>Ζψ</i> 02891		
Ed Bruno	RESS OF LIMITED LIABI	ITY COMPANY AN	D NAME OR TITLE OF CONTA  Contact Title	CT PERSON:			
Street Address 9 Arlington Street			сцу Westerly	State RI	<i>Ζ</i> <sub>Ψ</sub> 02891		
7. NAME AND AD	ODRESS OF EACH MANAC FILL IN S	ER OF THE LIMITI PACES BEFORE US	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BOX	PPLICABLE - <u>DO NOT</u> FOR ATTACHMENT)   F	LIST MEMBERS		
Manager Name	1,111 St. 1	- Hill or Tracelly,	Manager Name		i, †		
Street Address			Street Address	Street Address			
City	State	Zţp	City	State	Zip		
Munager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	NT IN RHODE ISLAND currently of record in the O	fice of the Secretary	of State. Changes require filing o	l f Form 642 - R.I.G.L. 7-10	<b>J</b> 5-11		

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

124369

Check No	
V 1 2008	_
By: By 55 4 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.

rum e of Authorized Person

Ed Bruno

Print or Type Name of Authorized Person