

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&r)) is subject to a penalty fee of \$2.					
7. ID No. 143573	BAF PROPERTIES	t name of the limited liability company PROPERTIES, LLC				
3. State of Formation Rhode Island	4. Brief description investing in	m of the character of the ba and managing rea	ancter of the business which is actually conducted in Rhode Island naging real estate.			
5. Principal office address 12. Wingate Road		City Lincoln	RI	02865		
6. MAILING ADD Contact Name Barbara Farnsy		LITÝ COMPANY AN	D NAME OR TITLE OF CONTA Contact Title Member	ACT PERSON:		
Street Address 12 Wingate Road			City Lincoln	State RI	02865	
7. NAME AND A	DDRESS OF EACH MANA FILL IN	GER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BO	APPLICABLE - DO NOT IX FOR ATTACHMENT)	<u>r list members</u>]	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
Gty	State	Zip	City	State	Zip	
Manager Nome			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
СЦу	State	ZΨ	Cit ₃	State	Zip	
8. RESIDENT ACT	GENT IN RHODE ISLAND is currently of record in the	Office of the Secretar	y of State. Changes require filing	g 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).

143573

File Date FILED	· .	
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Check No OCT 0 7 2008		
By: By		-
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

Barbara Farnsworth

Print or Type Name of Authorized Person

Form 632 Rev. 08/08