

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

2008

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No	2. Exact name of the limit		CI IIV BLACK IIVK	<u></u>		
140879	Peak Properties P	'lus, LLC.				
3. State of Formation	4. Brief descript	ion of the character of the	e business which is actually conducted in .	Rhode Island		
Rhode Island	Realty Con	mpany Owning P	roperty for an Electrica	1 Contracting Comp	any	
5. Principal office address			City	State	Zip	
10 A Danielson Pike			Foster	RI	02825	
6. MAILING ADDRESS	S OF LIMITED LIAB	ILITY COMPANY A	ND NAME OR TITLE OF CONTA	CT PERSON:		
Consact Name			Contact Title	Contact Title		
Anthony Macari, Jr.			Member	Member		
Street Address			City	State	Zip	
10 A Danielson Pike			Foster	RI	02825	
7. NAME AND ADDRE	SS OF EACH MANA	GER OF THE LIMI	TED LIABILITY COMPANY, IF A	DDI ICADIE DO MOT	L. C.	
[ 1 ]	FILL IN SF	PACES BEFORE USI	NG ATTACHMENTS ("X" BOX	FOR ATTACHMENTS		
ANY	MODIFICATIONS T	O MANAGERS REQ	UIRES FILING OF AMENDMENT	, R.I.G.L. 7-16-12 (a) (2	) / <sub>1</sub> 7-16-52	
Manager Name			Manager Name			
n/a			n/a	n/a		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
					2.9	
Manager Name	,	***************************************	Manager Name	Manager Name		
n/a			n/a	: · · · ·		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
and the second second	To dead display and a second	l "				
8. RESIDENT AGENT I	N RHODE ISLAND	- DO NOT ALTER -	Changes require filing of For	m 642 - R.I.G.L. 7-16-11		
Agent Name			Address	***************************************	Make Company	
Everett A. Petronio,	Jr.					
Address			City	Zip	-	
1239 Hartford Avenue			Johnston	029	19	
		<del></del>	<del></del>	023		

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



FILE Date	- 100 - 100 - 100 - 100
OCT 0 8 2008	
By: By:	Applications
FOR SECRETARY OF STATE USE ON	LY

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.

Anthony Macari, Jr.

Print or Type Name of Authorized Person