

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.

	3 subject	to a penatty fee of \$25.	ж,				
1. ID No.	2. Exact	name of the limited liabi	lity company				
134508	CRC	oss coun	TRY REALTY,	, LLC			
3. State of Formation		4. Brief description of th	e character of the business wh	oich is actually conducted in Rhode	Island		
RI LAND OWNERSHIP							
5. Principal office address				City	State		Zip
II GAVITT AVENUE				WESTERLY	RI		02891
6. MAILING ADDRES	SS OF L	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT P	ERSON:	'	, - ,
Contact Name				Contact Title			
LED J C/1	KRE	NZA JR					
Street Address				City	State		Zip
Street Address 11 GAVITT AVENUE				•			
7. NAME AND ADDR	ESS OF	EACH MANAGER (	OF THE LIMITED LIAB	ILITY COMPANY, IF APPLI	CABLE - DO 1	A TELL TON	AEMREDS.
		FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS ("X" BOX FOR	ATTACHMENT)		<u>ILMBERS</u>
Manager Name				Manager Name			
LEO J. CHERENZA IR							
Straat Address				Street Address			
11 GAUIT	AV	ENUE		<u>.                                    </u>			
11 GAVITT CHY WESTERL	У	State R1	zφ 02891	Cuy	State		Zip
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State		Zip
	- 1			:		1	c.p
8. RESIDENT AGENT	IN RHO	DDE ISLAND - DO N	NOT ALTER - Changes	require filing of Form 64	ı 2 - R.I.G.L. <i>7-</i> 1	1 16-11	
Agent Name				Address			
LEO J. C.	HER	ENZA UK	2_				
Address				City		Zip	
LED J. CHERENZA JR Address 11 (AVITT AVENUE				WESTERLY		10289/	
						1 '	

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

File Date	FILED
Check No.	OCT 0.9 2008
<i>Ву:</i> <b>Ву</b> .	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

Print or Type Name of Authorized Person