

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

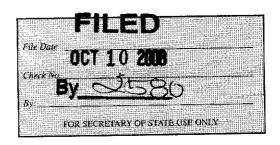
Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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 (berc)) is subject to a penalty fee of \$25.00.

1. ID No. 81085		name of the limited Hability company UTNAM PLAZA LLC					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the husin RENTAL PROPERTY							
5. Principal office address 466 PUTNAM PIKE				GREENVILLE	State RI	21p 02828 	
6: MAILING ADDR Contact Name SUSAN B FANN		imeed hab	LITY COMPANY AND	NAME OR TITLE OF CONTACT PER  Contact Title  MEMBER	898		
Street Address 34 SASSAFRAS ROAD			NORTH KINGSTOWN	RI	2tp 02852		
7. NAME AND ADI	DRESS OF	TACH MAN/ BILLIN	GER OF THE LIMITED SPACES BEFORE USIN	LIABILITY COMPANY, IF APPLICA G ATTACHMENTS ("X" BOX FOR A	BLE - DO NOT TACHMENT)	DISTMEMBERS	
Manager Name SUSAN B FANNING				Manager Name			
Street Address 34 SASSAFRAS	ROAD			Street Address			
City NORTH KINGST	OWN	State RI	<i>Ζψ</i> <b>02852</b>	City	State	Zip	
Munager Name				Manager Name	Manager Name		
Street Address				Street Address			
City	-	State	Zip	City	State	Zip 	
8 RESIDENT AGE This information is	NT IN RI	HODE ISLAND of record in the	Office of the Secretary of	f State. Changes require filing 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).

81085



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.

SUSAN B FANNING

Print or Type Name of Authorized Person