

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.

1.17 No. 127119  EFC PROPERTIES, LLC  3. State of Formation RHODE ISLAND  REAL ESTATE  City PAWTUCKET RI  02861  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME EDWARD O. FERLAND  Street Address  225 GREENSLITT AVENUE  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Street Address  225 GREENSLITT AVENUE  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Street Address  225 GREENSLITT AVENUE  240  Manager Name EDWARD O. FERLAND  Street Address  225 GREENSLITT AVENUE  Adamager Name EDWARD O. FERLAND  Street Address  225 GREENSLITT AVENUE  Adamager Name EDWARD O. FERLAND  Manager Name EDWARD O. FERLAND  Manager Name  Adamager Name  L  Adamager Name  Manager Name  Manager Name  Manager Name  Manager Name  Adamager Name  Manager Name  Manager Name  Manager Name		subject to a penalty fee of \$25.						
A. Brief description of the character of the business which is actually conducted in Rhode Island  RHODE ISLAND  REAL ESTATE  City PAWTUCKET RI 02861  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name EDWARD O. FERLAND  Street Address 225 GREENSLITT AVENUE  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Street Address 225 GREENSLITT AVENUE  City Manager Name EDWARD O. FERLAND  Street Address 225 GREENSLITT AVENUE  City Street Address 225 GREENSLITT AVENUE  City PAWTUCKET Street Address 225 GREENSLITT AVENUE  City Address 249 City State Zip Address 240  Manager Name Adanager Name								
RHODE ISLAND REAL ESTATE  5. Principal office address 225 GREENSLITT AVENUE  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title MANAGER  Street Address 225 GREENSLITT AVENUE  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name  EDWARD O. FERLAND  Manager Name  EDWARD O. FERLAND  Street Address 225 GREENSLITT AVENUE  Adanager Name  EDWARD O. FERLAND  Street Address 225 GREENSLITT AVENUE  City  City  Manager Name  City  Manager Name  Adanager Name  L  Manager Name  Adanager Name  L  Manager Name  Adanager Name  Manager Name  Adanager Name  Manager Name  Adanager Name  Adanager Name  Manager Name  Adanager Name  Manager Name  Adanager Name  Manager Name  Manager Name  Adanager Name  Manager Name	127119	EFC PROPERTIES, LI	PROPERTIES, LLC					
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EDWARD O. FERLAND  Street Address  225 GREENSLITT AVENUE  City: PAWTUCKET  State RI  Manager Name  L  City: State RI  Manager Name  Manager Name		FILL IN SPA	CES BEFORE USING	*	,		1	
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Street Address Street Address	Street Address			Street Address				
City State Zip City State Zip	Chr	State	Zip	City	State	Zip		
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11	8. RESIDENT AGENT	T IN RHODE ISLAND - D	O NOT ALTER - Ch	anges require filing of Form	642 - R.I.G.L. 7	-10-11		
Agent Name Address				Address				
ARCHIBALD B. KENYON, JR.	ARCHIBALD B. K	ENYON, JR.				Zin		
Address	Address			, "		'		
133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD 102679	133 OLD TOWER	HILL ROAD, SUITE 1		WAKEFIELD	KEFIELD 02019			

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

FILED
File Date
Check No. By

FOR SECRETARY OF STATE USE ONLY

127119

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.

Edward O. Ferland

Print or Type Name of Authorized Person

Form 632 Rev. 07/07