



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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. ID No. 310969		2. Exact name of the limited liability company Altieri Way, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Ownership of real property	
5. Principal office address 2 Altieri Way		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kevin B. Murphy, Esq.		Contact Title Manager of Crosshaven Management LLC	
Street Address 2 Altieri Way		City Warwick	State RI
		Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Crosshaven Management LLC		Street Address	
Street Address 2 Altieri Way		City Warwick	State RI
		Zip 02886	
Manager Name		Street Address	
Street Address		City	State
		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Corporation Service Company		Address	
Address 222 Jefferson Blvd., Suite 200		City Warwick	Zip 02888

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

RECEIVED  
 SECRETARY OF STATE  
 PROVISIONAL DIVISION  
 OCT 14 PM 12:51

310969

File Date **FILED**  
 Check No. **OCT 14 2008**  
 By: **By [Signature]**  
 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] 10/6/08  
 Signature of Authorized Person Date  
 Kevin Murphy, Manager of Crosshaven Management LLC  
 Print or Type Name of Authorized Person