



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* • **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 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 138410		2. Exact name of the limited liability company 390 Main Street, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island own operate maintain commercial property			
5. Principal office address		City	State	Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jennifer Mello			Contact Title		
Street Address PO Box 4583		City Middletown	State RI	Zip 02842	
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) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

2008 OCT 17 PM 2:32
 SECRETARY OF STATE
 CORPORATIONS DIVISION

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

138410

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.

File Date **FILED**
 Check No. OCT 17 2008
 By: By 070962 2131
 FOR SECRETARY OF STATE USE ONLY

J. Mello 10/15/08
 Signature of Authorized Person Date
 Jennifer W. Mello
 Print or Type Name of Authorized Person