

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 see of \$25.00.

1 ID No	2. Exact name of the limit	ed liability company			
149634		perties, LLC			
3 State of Formation Rhode Islar	4. Brief descripti		which is actually conducted in Rhi real estate	ode Island	
5. Principal office address  8. Schoolhouse Road  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name			City Warren ME OR TITLE OF CONTAC	State RI L' PERSON:	02885
Catherine A	. Tattrie		Manager		
8 Schoolhouse Road			City Warren	State RI	<sup>Zip</sup> 02885
	ESS OF EACH MANA FILL IN S	GER OF THE LIMITED LL PACES BEFORE USING A	BILITY COMPANY, IF APP TTACHMENTS ("X" BOX F	PLICABLE - <u>DO NOT I</u> OR ATTACHMENT)	LIST MEMBERS
Manager Name Catherine A. Tattrie			Manager Name Manager		
Street Address  8 Schoolhou	se Road		Stroet Address		
Warren	State RI	<sup>Zip</sup> 02885	Gity	State	Zip
Manager Name	***************************************	***************************************	Manager Name		
Street Address			Street Address		
City	State	Zip	City·	State	Zip
8. RESIDENT AGENT This information is curr		ffice of the Secretary of Star	E. Changes require filing of F	orm 642 - <b>R.I.G.L</b> . 7-16-1	1  L

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

	FILED
File Date	OCT 22 2008
Check No.	-m
Ву:	81 XVI
F	OR 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

Catherine A. Tattrie

Print or Type Name of Authorized Person