

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.	2. Exact name of the limite	ed liability company	w				
137131	1	perties, LLC		4			
3. State of Formation	4. Brief description	on of the character of the busin	ess which is actually conducted in Rhod	ie Island	-		
Rhode Islan	nd Real E	state					
5. Principal office address 2512 Flat River Road			Cuy Coventry	State R I	<sup>Zip</sup> 02816		
6, MAILING ADDRES  Contact Name	SS OF LIMITED LIARI	LITY COMPANY AND N	AME OR TITLE OF CONTACT  Contact Title	PERSON:			
Norman P. Marsocci			Operating Manager				
Street Address			City	State	Zip		
2512 Flat River Road			Coventry	RI	02816		
7. NAME AND ADDR  Manager Name  Norman P.	FIL IN S	GER OF THE LIMITED I PACES BEFORE USING	TABILITY COMPANY, IF APPI ATTACHMENTS ("X" BOX FO Manager Name	JICABLE - <u>DO N</u> PRATTACHMENT)			
Street Address 2512 Flat River Road			Street Address	Stroet Address			
City Coventry	State R I	<sup>Zip</sup> 02816	City	State	Zip		
Manager Name			Manager Name	***************************************			
Street Address			Street Address				
Cuy	State	Zip	City	State	Zip		
Agent Name		DO NOT ALTER - Char	nges require filing of Form 6  Address	42 R.I.G.L. 7-10	5-11		
Norman P. N	larsocc1	<u>-</u>	City		Zip		
2512 Flat River Road			Coventry	·			
		<del></del>					

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

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	FOR SEC	RETARY (	OF STATE	USE ONLY	Table

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

Norman P. Marsocci Print or Type Name of Authorized Person