

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)) :	=							
1. ID No.		t name of the limited liability company						
101081		WAREHOUSES, LLC						
3. State of Formation	)			b is actually conducted in Rho	de Island			
RHODE ISLAND	тос	OWN, LEASE, R	ENT, SELL AND MAN	AGE REAL ESTATE				
5. Principal office address	5			City	State	Zip		
59 CENTRAL STREET				PROVIDENCE	RI	02907		
6. MAHLING ADDRE	SS OF LIMITI	ED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT	PERSON:			
Contact Name				Contact Title				
KEVIN P. KERNA	.N		<u> </u>	-	State	Zip		
Street Address				City	Ri	02907		
9 CENTRAL STREET PROVIDENCE Ri 02				02907 				
7. NAME AND ADD	RESS OF EAC	H MANAGER OI	THE LIMITED LIABI	LITY COMPANY, IF API	'LICABLE - <u>DO N</u>	OT LIST MEMBERS		
Tagin and a second seco		FILL IN SPACES	BEFORE USING ATTA	CHMENTS ('X' BOX E	OR ATTACHMENT)			
куплосия больный применя на примен Матурет Name				Manager Name				
Kevin P. Kernan				None				
Street Address				Street Address				
219 Oak Tree Ave	enue							
City	State		<sup>Zip</sup> 02888	City	State	$Z\psi$		
Warwick	RI							
Manager Name None	•••••			Manager Name <b>None</b>				
Street Address		,		Street Address				
City	State		Zip	City	State	Ζiμ		
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The state of the s	I IN RHODE	ISIANU - DU N	UPLAGIEK : CHANGES	require filing of Form	NAME OF THE PROPERTY OF THE PR	<u> </u>		
Agent Name	LECON ESC	ALIIDE						
MARK A. CHARLESON, ESQUIRE				City Zip		Zib		
Address			1		02910			
928 PARK AVEN	UE			CRANSTON		1		

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

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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

Kevin P. Kernan

Print or Type Name of Authorized Person