

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 low (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

89026 RIVER PLACE VENTURE, LLC  3. State of Formation REAL ESTATE  4. Brigf distription of the character of the interness which is actually conducted in Rhode Island REAL ESTATE  5. Principal office address 6. BILACKSTONE VALLEY PLACE #206 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title  Contact Title  Crity State 2p  Crity State 2p  LINCOLN RI  02865  Crity State 2p  LINCOLN RI  02665  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS. IX 60X FOR ATTACHMENT) D  Manager Name  Manager Name  Street Address  City State 2p  City State 2p  Manager Name  Ma	(		oj \$25.00.						
3. State of Formation RHODE ISLAND REAL ESTATE  5. Principal office address 6 BLACKSTONE VALLEY PLACE #206 C. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name HENRY J. KEIGWIN  C. City State  Zip O2865  T. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS  Street Address  Street Address  Street Address  City State  Zip Address  City State  Zip CAMERON & MITTLEMAN  Address  City CAMERON & MITTLEMAN  Address	I. ID No.								
RHODE ISLAND REAL ESTATE  5. Principal office address 6 BLACKSTONE VALLEY PLACE #206 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name HENRY J. KEIGWIN  5. City 5. State City 1. State City 5. State City 6 BLACKSTONE VALLEY PLACE #206 1. INCOLN RI 0.2865  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED HABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS WILL IN SPACES BEFORE USING ATTA GENERAL (X. SCX FOR ATTACHMENT)  Manager Name  5. Street Address 5. Street Address 5. Street Address 5. Street Address 6. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 642 - R.T.G.I., 7-16-11 Agent Name JOSEPH F. WHINERY, JR., ESQ. CAMERON & MITTLEMAN Address City 7. State City 7. Stat	89026	RIVER PLACE VENTURE, LLC							
RHODE ISLAND  S. Principal office address  6. BLACKSTONE VALLEY PLACE #208  City LINCOLN RI  02865  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE, OF CONTACT PERSON. Contact Traile  Cont	3. State of Formation	4. Brief descript	ion of the character of the i	business which is actually conducted in	Rhode Island				
6 BLACKSTONE VALLEY PLACE #206  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Contact	RHODE ISLAND	j i							
6 BLACKSTONE VALLEY PLACE #206  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:  Contact Name  HENRY J. KEIGWIN  Street Address  6 BLACKSTONE VALLEY PLACE #206  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTAGEMENTS: (X. BOX. FOR ATTACHMENT)  Manager Name  Street Address  City  State  Zip  Manager Name  Manager Na				City	State	240			
G. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name    Contact Title	6 BLACKSTONE V	/ALLEY PLACE #2	106	LINCOLN	RI	"			
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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 a including any accompanying schedules contained herein are true and correct.	offirm that I have examined this report and statements, and that all statements
V April	
Signature of Authorized Firson	Date
Henry J. Keigwin  Print or Type Name of Juthorized Person	
t ton or type wante of Huthorized Person	