

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222,3040

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

(R.A.G.L. 7-10-00 (001)) 1	s subject to a penalty fee of 42.	.00.				
1. ID No.	2. Exact name of the limited	liability company				
156782	ARNOLD STRE	ET, LLC				
3. State of Formation		, -	business which is actually conducted in Rhode Islan	ıd		
RI	Own a	and operate	real estate			
5. Principal office address			City	State	Zip	
49 Arnold Street			East Providence	RI	02915	
l .	SS OF LIMITED LIABI	JITY COMPANY AN	ND NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Harry W. Cary, III			Contact Title	: Contact Title : Member		
	Cary, III			T	T	
Street Address 46 Arnold Street		East Providence	State RI	^{Ζίρ} 02915		
46 AFROI	d Stieer		Last 110v1dence	1 11	02313	
7. NAME AND ADD	RESS OF EACH MANAC FILL IN S	GER OF THE LIMIT PACES BEFORE US	TED LIABILITY COMPANY, IF APPLICATIONS ATTACHMENTS ("X" BOX FOR AT	BLE - <u>DO NOT LIS</u> TACHMENT) 🔲	ST MEMBERS	
Manager Name			Manager Name	Manager Name		
None			None	None		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
None			None	None		
Street Address			Street Address	•		
City	State	Zip	City	State	Zip	
		1	:		1	
	T IN RHODE ISLAND			(40 DIGI 016 11		
This information is cu	arrently of record in the C	Office of the Secretar	y of State. Changes require filing of Form	642 - R.I.G.L. /-16-11		

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

FILED
NOV 03 2008
Check No. By
FOR 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 berein are true and correct.

Signature of Authorized F

Harry W. Cary, III

Print or Type Name of Authorized Person