

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.

N.1. 0.12. 7 - 20-00 (001)/	is subject to a penaity jee of p	2 3.00.							
1. ID No. 000321615	2. Exact name of the limi C & B Tiogue LLC	name of the limited liability company Tiogue LLC							
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate							
5. Principal office address 10 Greene Street			City Providence	State RI	74p 02903				
6. MAILING ADDRI Contact Name Richard P. Bacca		ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:	•				
Treet Address O Greene Street			City Providence	State RI	<i>Z</i> ψ 02903				
. NAME AND ADD			LIABILITY COMPANY, IF AP G ATTACHMENTS ("X" BOX		I LIST MEMBERS				
Manager Name Richard P. Baccari			Manager Name	Manager Name					
Street Address 10 Greene Street			Street Address	Street Address					
Providence	State RI	<i>Zφ</i> 02903	City	State	Zip				
Manager Name	•••••••		Manager Name		J				
Street Address			Street Address						
City	State	Zip	Cíty	State	Zip				
	T IN RHODE ISLAND arrently of record in the	I Office of the Secretary of	: f State. Changes require filing of	Form 642 - R.I.G.L. 7-					
					2009 NOV -3				

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

000321615

File Date	FILED	
Check No.	NOV 03 2008	
Ву:	3 <u>y 1018</u>	
1	OR SECRETARY OF STATE USE ONLY	

Inder penalty of per	jury, I declare and a	ffirm that I have	examined:	this report,
ncluding any accom	panying schedules a	ind statements, a	nd that all	statements
ncluding any accom- contained herein are	true and sorrect.			

A. A.

Signaluje og Authorizea Person

Print or Type Name of Authorized Person