



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ~~2009~~ 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

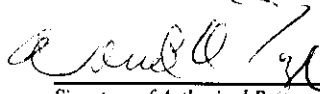
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. If No. 154706		2. Exact name of the limited liability company Peerless Historic, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address c/o Keen Development Corp. P. O. Box 382589		City Cambridge	State MA Zip 02238
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Daniel A. Taylor		Contact Title Manager	
Street Address 6 Bennett Street		City Cambridge	State MA Zip 02138
7. NAME AND ADDRESS OF EACH MANAGER FOR THE LIMITED LIABILITY COMPANY IS APPLICABLE THE NEAREST PERSON TO THE COMPANY IS THE MANAGER OF THE COMPANY ATTORNEYS IN LAW ARE STRONGLY ADVISED TO FILE THIS REPORT WITHIN 60 DAYS			
Manager Name Daniel A. Taylor		• Manager Name	
Street Address 6 Bennett Street, P O Box 382589		• Street Address	
City Cambridge	State MA	Zip 02238	• City • State • Zip
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City • State • Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - RI-CL-7-16-11			
Agent Name		Address	
Address fg		City	Zip

This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date	FILED
Check No.	NOV 28 2008
By:	By 1020
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 herein are true and correct.

 11-5-08  
Signature of Authorized Person Date  
Daniel A. Taylor  
Print or Type Name of Authorized Person