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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

148 W. Kiter Mreet Providence, RI 02904-2615 401.2223,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2008</u>

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&r)) is subject to a negative fee of \$25.00.

1. ID No.	2. Exact (t name of the limited liability company					
134956	RO	DMAN-TIC PROPERTIES, LLC					
3. State of Formation 4. Brief description of the character of the busines:					ode Island		
RI Property Ownership, inves			nvestment, rental manac	iement			
5. Principal office address 29 Tiogue Avenue				City West Warwick	State RI	^{Zip} 02893	
6. MAILING ADE	RESS OF LI	MITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT	r person:	,	
Contact Name				Contact Title			
Jean A. Boulanger				Attorney for p	Attorney for process		
Street Address 1035 Main Street				Coventry	State RI	^{Ζφ} 02816	
7. NAME AND A	ODRESS OF			ED LIABILITY COMPANY, IF API		IST MEMBERS	
FILL IN SPACES BEFORE USING A				Manager Name	"TACHMENTS ("X" BOX FOR ATTACHMENT)		
Street Address				Street Address	Street Address		
Chy 1		State	Zip	CHy	State	Zijr	
Manager Name				Manager Name	Manager Name		
	Street Address				Street Address		
Street Address							
Street Address		State	Zip	City .	State	Zip	
iny 3. RESIDENT AG	ENT IN RHO	DDE ISLAND		Gry of State. Changes require filing of l			

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

File Date 12-1-08
H 700
Check No
By:MMC
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.

Sindoural Buthorized Person

ROZDONSKI

Print or Type Name of Authorized Person