



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

1. ID No. <u>123862</u>		2. Exact name of the limited liability company <u>ROCKVILLE MILL LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>INVEST IN AND MAINTAIN COMMERCIAL REAL ESTATE</u>			
5. Principal office address <u>532 CANONCHET RD</u>		City <u>ROCKVILLE</u>	State <u>RI</u>	Zip <u>02873</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>MAREK ZAMOJSKI</u>		Contact Title			
Street Address <u>SAME</u>		City	State	Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 - R.I.G.L. 7-16-11					
Agent Name <u>VICTOR ORSINGER</u>		Address			
Address <u>53 HIGH ST</u>		City <u>WESTERLY</u>	Zip <u>02891</u>		

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

FILED

MAR 26 2009

By [Signature]

02984854

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.

[Signature] 032609
Signature of Authorized Person Date

MAREK ZAMOJSKI
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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