

A. Ralph Mollis. Secretary of State
Corporations Division
148 W. River Street
Providence, Rt 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 (be/cc)) is subject to a penalty fee of \$25.00.

3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted and property management 5. Principal office address 142 Shun Pike 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF Contact Name Michael W. Piccoli Street Address 142 Shun Pike 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY FILL IN SPACES BEFORE USING ATTACHMENTS (**The contact Value**)	State Zip	
142 Shun Pike 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTact Name Contact Name Michael W. Piccoli Street Address 142 Shun Pike 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY	RI 02919 CONTACT PERSON:	
Contact Name Michael W. Piccoli Street Address 142 Shun Pike 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY		
142 Shun Pike Johnston 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY	State Zin	
	RI 02919	
•	NY, IF APPLICABLE - <u>DO NOT LIST MEMBE</u> ("X" BOX FOR ATTACHMENT)	<u>ERS</u>
Manager Name Michael W. Piccoli Manager Name		
Street Address 142 Shun Pike Street Address		
City State Ztp City Johnston RI 02919 City	State Zip	
Manager Name Manager Name		, * * * * * * * * * * * * * * * * * * *
Street Address Street Address		
City State Zip City	State Zip	W
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require	re filing of Form 642 - R.I.G.L. 7-16-11	

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

146529

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

including any accompanying schedules and statements, and that all statements contained herein are true and correct

3/31/09

AIO SNOILY BOOM

Signature of Authorized Person

Date

Date

Person Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this report,

Form 632 Rev. 08/08