



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

A. Ralph Mollis, Secretary of State
Corporations Division
138 W. River Street
Providence, RI 02904-2615
401.222.3030

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. 7-16-36 (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)(3)) is subject to a penalty fee of \$25.00.

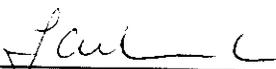
1. ID No. 150250		2. Name of the limited liability company 265 Bunnet Point Road, LLC	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 98 High St. #2		City Charlestown	State MA
		Zip 02129	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Franklin C. Marinelli		Contact Title	
Street Address 98 High St. #2		City Charlestown	State MA
		Zip 02129	
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) <input type="checkbox"/>			
Manager Name XXXXXXXXXXXXXXXXXXXX error		Manager Name	
Street Address XXXXXXXXXXXXXXXXXXXX		Street Address	
City XXXXXXXXXXXX	State MA	City	State
	Zip XXXXXX		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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 CORPORATIONS DIV
 STATE OF RHODE ISLAND

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

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.

File Date	5-4-09
Check No.	2357
By:	150250
FOR SECRETARY OF STATE USE ONLY	


 Signature of Authorized Person Date **2/24/09**
FRANKLIN C. MARINELLI
 Print or Type Name of Authorized Person