



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* • **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)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 149919		2. Exact name of the limited liability company KEYSERTON, LLC			
3. State of Formation GEORGIA		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE - RENTAL			
5. Principal office address 222 GRAND AVENUE		City ENGLEWOOD	State NEW JERSEY	Zip 07631	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ANDREW SHAPIRO			Contact Title		
Street Address 106 VAIL LANE		City WATCHUNG	State NEW JERSEY	Zip 07060	
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 PAUL SCHMIDT JR			Manager Name MICHAEL SCHMIDT		
Street Address 222 GRAND AVENUE			Street Address 222 GRAND AVENUE		
City ENGLEWOOD	State NEW JERSEY	Zip 07631	City ENGLEWOOD	State NEW JERSEY	Zip 07631
Manager Name MARCI SHAPIRO ASSOCIATES			Manager Name		
Street Address 106 VAIL LANE			Street Address		
City WATCHUNG	State NEW JERSEY	Zip 070610	City	State	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					

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

149919

File Date	5-7-09
Check No.	1193
By:	MNC
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.

Signature of Authorized Person **Marci Shapiro** Date **5/5/09**
Print or Type Name of Authorized Person **MARCI SHAPIRO**