



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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. <b>257895</b>		2. Exact name of the limited liability company <b>R4F Warwick, LLC</b>	
3. State of Formation <b>New York</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Owner of real property</b>	
5. Principal office address <b>7248 Morgan Road</b>		City <b>Liverpool</b>	State <b>New York</b>
		Zip <b>13090</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Jeffrey Ippolito</b>		Contact Title <b>Controller</b>	
Street Address <b>7248 Morgan Road</b>		City <b>Liverpool</b>	State <b>New York</b>
		Zip <b>13090</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Neil Goldberg</b>		Manager Name <b>Michael Goldberg</b>	
Street Address <b>15 Wheeler Ave.</b>		Street Address <b>7104 Kittiwake Run</b>	
City <b>Fayetteville</b>	State <b>New York</b>	City <b>Mantins</b>	State <b>New York</b>
Zip <b>13066</b>		Zip <b>13104</b>	
Manager Name <b>Steven Goldberg</b>		Manager Name	
Street Address <b>5102 Waterford Wood Way</b>		Street Address	
City <b>Fayetteville</b>	State <b>New York</b>	City	State
Zip <b>13066</b>		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).

File Date	<b>5-11-09</b>
Check No.	<b>667530</b>
By:	<b>MNC</b>
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.

**James F. Poole, CFO**  
Signature of Authorized Person  
Date  
**5/1/09**  
Print or Type Name of Authorized Person