



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. 147446		2. Exact name of the limited liability company TRIANGLE DEVELOPMENT, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Maintenance, ownership, purchase, sale and rental of real property			
5. Principal office address 1744 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Kelly		Contact Title Manager			
Street Address 1744 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
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 John Kelly		Manager Name David Grande			
Street Address 1273 Central Avenue		Street Address 21B Venturi Green Avenue			
City Johnston,	State RI	Zip 02919	City North Providence	State RI	Zip 02904
Manager Name Stephen DiNobile		Manager Name			
Street Address 93 Hillside Drive		Street Address			
City North Providence,	State RI	Zip 02911	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					

FILED

MAY 20 2009

By

289955

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

147446

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

Date

Print or Type Name of Authorized Person