



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. <u>160033</u>		2. Exact name of the limited liability company <u>AMIF LLC</u>									
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Buying Holding and selling Real estate</u>									
5. Principal office address <u>151 Third Ave.</u>		City <u>Cranston</u>		State <u>RI</u>		Zip <u>02910</u>					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name <u>Sra. Garnett</u>				Contact Title							
Street Address <u>151 Third Ave</u>				City <u>Cranston</u>		State <u>RI</u>		Zip <u>02910</u>			
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				Manager Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
Manager Name				Manager Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11											
Agent Name				Address							
Address				City		Zip					

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

FILED

JUN 26 2009

By 043164

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

File Date _____
Check No. _____
By: _____

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