RI SOS Filing Number: 200950267520 Date: 08/26/2009 4:00 PM

State of Rhode Island and Providence Plantations

A. Ralph Mollis, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

322365	NORTH MAIN STREET, LLC
RHODE ISLAND	PROPERTY MGR FOR VARIOUS PARCELS OF REAL ESTATE IN RHODE ISLAND

	City	State	Zip
72 FALL RIVER AVENUE	REHOBOTH	MA	02769

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
MATTHEW J. QUIRK			
Street Address	**City**	**State**	**Zip**
72 FALL RIVER AVENUE	REHOBOTH	MA	02769

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			Manager Name		
MATTHEW J. QUIRK			JOANNE R. QUIRK		
Street Address			Street Address		
72 FALL RIVER AVENUE			72 FALL RIVER AVENUE		
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769	REHOBOTH	MA	02769
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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).

322365

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: 8/25/09

MATTHEW J. QUIRK

Print or Type Name of Authorized Person

FILED

File Date: AUG 26 2009

Check No.

By: By [signature]

FOR SECRETARY OF STATE USE ONLY

37612-4-304847

Form 632 Rev. 08/08