



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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 156949		2. Exact name of the limited liability company 469 Centerville Road, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Law Firm			
5. Principal office address 469 Centerville Road, Suite 206		City Warwick		State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven B. Merolla			Contact Title Manager		
Street Address 469 Centerville Road, Suite 206		City Warwick		State RI	Zip 02886
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) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Steven B. Merolla			Manager Name		
Street Address 469 Centerville Road, Suite 206		Street Address			
City Warwick	State RI	Zip 02886	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	

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



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FILED	
File Date	AUG 28 2009
Check No.	
By	1132
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.

Steven B. Mollis 8-27-09
Signature of Authorized Person Date

Print or Type Name of Authorized Person