RALPH MOIN	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50
	Corporations Div	vision	
	148 W. River S		
Se Contraction	Providence, Rhode Island	1 02904-2615	
retary of St	Telephone: (401) 22	22-3040	
Limited Liability Annual Report Filing Period: Septer	nber 1 - November 1		
ïle its annual report	R.I.G.L. 7-16-66(d), each limited liability comp within thirty (30) days after the time prescribe ject to a penalty fee of \$25.00.		g to
ANNUAL REPORT	YEAR: <u>2009</u>		
1. ID No. <u>0001</u>	58297		
2. Exact Name of	the Limited Liability Company <u>549 River</u>	Street, LLC	
3. State of Format	tion		
	tion		
State: <u>RI</u>			
	tion n of the Character of the Business Which	is Actually Conduct	ted in Rhode Island
State: <u>RI</u>		is Actually Conduct	ted in Rhode Island
State: <u>RI</u> 4. Brief Description	n of the Character of the Business Which	is Actually Conduct	ted in Rhode Island
State: <u>RI</u>	n of the Character of the Business Which <u>Y/RENTAL</u>	is Actually Conduct	ted in Rhode Island
State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H</u>	n of the Character of the Business Which Y/RENTAL IOLDING	is Actually Conduct	ted in Rhode Island
State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H</u>	n of the Character of the Business Which <u>Y/RENTAL</u> IOLDING Address	is Actually Conduct	ted in Rhode Island
State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H</u> 5. Principal Office No. and Street:	n of the Character of the Business Which Y/RENTAL IOLDING		ted in Rhode Island Country: <u>USA</u>
State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H</u> 5. Principal Office No. and Street: City or Town:	n of the Character of the Business Which <u>Y/RENTAL</u> IOLDING Address <u>549 RIVER STREET</u>	RI Zip: <u>02895</u>	Country: <u>USA</u>
State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Address	n of the Character of the Business Which <u>Y/RENTAL</u> <u>IOLDING</u> Address <u>549 RIVER STREET</u> <u>WOONSOCKET</u> State: <u>F</u> s of Limited Liability Company and Name	RI Zip: <u>02895</u>	Country: <u>USA</u>
State: <u>RI</u> 4. Brief Description REAL PROPERT REAL ESTATE H 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Co	n of the Character of the Business Which Y/RENTAL IOLDING Address <u>549 RIVER STREET WOONSOCKET</u> State: <u>F</u> s of Limited Liability Company and Name ontact Title:	RI Zip: <u>02895</u>	Country: <u>USA</u>
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State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addr	n of the Character of the Business Which <u>Y/RENTAL</u> <u>IOLDING</u> Address <u>549 RIVER STREET</u> <u>WOONSOCKET</u> State: <u>F</u> s of Limited Liability Company and Name ontact Title: <u>549 RIVER STREET</u> <u>WOONSOCKET</u> State: <u>F</u> ress of Each Manager of the Limited Liab	RI Zip: 02895 or Title of Contact I RI Zip: 02895 ility Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u>
State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Cc No. and Street: City or Town: 7. Name and Addr DO NOT LIST M	n of the Character of the Business Which Y/RENTAL IOLDING Address <u>549 RIVER STREET WOONSOCKET</u> State: F s of Limited Liability Company and Name ontact Title: <u>549 RIVER STREET WOONSOCKET</u> State: F ress of Each Manager of the Limited Liab EMBERS	RI Zip: 02895 or Title of Contact I RI Zip: 02895 ility Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Cc No. and Street: City or Town: 7. Name and Addr DO NOT LIST M</u>	n of the Character of the Business Which <u>Y/RENTAL</u> <u>IOLDING</u> Address <u>549 RIVER STREET</u> <u>WOONSOCKET</u> State: E s of Limited Liability Company and Name ontact Title: <u>549 RIVER STREET</u> <u>WOONSOCKET</u> State: E ress of Each Manager of the Limited Liab EMBERS Individual Name	RI Zip: 02895 or Title of Contact I RI Zip: 02895 ility Company, if Ap Address, City or Town 2970 MENDO	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
State: <u>RI</u> 4. Brief Description <u>REAL PROPERT</u> <u>REAL ESTATE H</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addr DO NOT LIST M Title	n of the Character of the Business Which <u>Y/RENTAL</u> <u>IOLDING</u> Address <u>549 RIVER STREET</u> <u>WOONSOCKET</u> State: <u>F</u> s of Limited Liability Company and Name ontact Title: <u>549 RIVER STREET</u> <u>WOONSOCKET</u> State: <u>F</u> ress of Each Manager of the Limited Liab EMBERS Individual Name First, Middle, Last, Suffix	RI Zip: 02895 or Title of Contact I RI Zip: 02895 ility Company, if Ap Address, City or Town 2970 MENDO CUMBERLANI	Country: <u>USA</u> Person: Country: <u>USA</u> plicable. ddress , State, Zip Code, Country NN ROAD, UNIT 168

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BRUCE M. MCDERMOTT 2970 MENDON ROAD, UNIT 168 CUMBERLAND , RI 02864-

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

Signed this 4 Day of September, 2009 at 11:53:23 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>PAUL N. SUFFOLETTO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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