RALPH MOIL	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Corporations Division	
	148 W. River Street	
u hard	Providence, Rhode Island 02904-2615	
64. 65	Telephone: (401) 222-3040	
etary of 3	Текрнонс. (401) 222-3040	
imited Liability	y Company	
Annual Report		
filing Period: Septer	mber 1 - November 1	
n accordance with R	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to	
	within thirty (30) days after the time prescribed by law (R.I.G.L.	
-16-66(b&c)) is sub	oject to a penalty fee of \$25.00.	
ANNUAL REPORT	<b>YEAR</b> : <u>2009</u>	
1. ID No. <u>0004</u>	485577_	
2. Exact Name of	the Limited Liability Company ANGLE Properties LLC	
3. State of Forma	ation	
State: <u>RI</u>		
	on of the Character of the Business Which is Actually Conducted in Rh	ode Island
		ode Island
4. Brief Description	<u>nent</u>	ode Island
4. Brief Description Property managem 5. Principal Office	nent Address	ode Island
<ol> <li>Brief Description</li> <li>Property managem</li> <li>Principal Office</li> <li>No. and Street:</li> </ol>	Address <u>47 BASIN ROAD</u>	
<ol> <li>Brief Description</li> <li>Property managem</li> <li>Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> </ol>	nent Address <u>47 BASIN ROAD</u> <u>NARRAGANSETT</u> State: <u>RI</u> Zip: <u>02882</u> Count	ry: <u>USA</u>
<ol> <li>Brief Description</li> <li>Property managem</li> <li>Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> </ol>	Address <u>47 BASIN ROAD</u>	
<ol> <li>Brief Description</li> <li>Property managem</li> <li>Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>Mailing Address</li> </ol>	nent Address <u>47 BASIN ROAD</u> <u>NARRAGANSETT</u> State: <u>RI</u> Zip: <u>02882</u> Count	
<ol> <li>Brief Description</li> <li>Property managem</li> <li>Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>Mailing Address</li> <li>Contact Name: LE</li> </ol>	hent         Address         47 BASIN ROAD         NARRAGANSETT         State: RI         Zip: 02882         Count         s of Limited Liability Company and Name or Title of Contact Person:	
<ol> <li>Brief Description</li> <li>Property managem</li> <li>Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>Mailing Address</li> </ol>	hent_         Address         47 BASIN ROAD         NARRAGANSETT         State: RI         Zip: 02882         Count         s of Limited Liability Company and Name or Title of Contact Person:         EANNE GIANNETTO         Contact Title:         BUSINESS PARTNER         47 BASIN RD.	
<ul> <li>4. Brief Description</li> <li>Property managem</li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: LE</li> <li>No. and Street:</li> <li>City or Town:</li> </ul>	Address         47 BASIN ROAD         NARRAGANSETT       State: RI         zip: 02882       Count         s of Limited Liability Company and Name or Title of Contact Person:         EANNE GIANNETTO Contact Title:       BUSINESS PARTNER         47 BASIN RD.         NARRAGANSETT       State: RI         Zip: 02882       Count	ry: <u>USA</u> intry: <u>US</u>
<ul> <li>4. Brief Description</li> <li>Property managem</li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: LE</li> <li>No. and Street:</li> <li>City or Town:</li> <li>7. Name and Addr</li> </ul>	Address         47 BASIN ROAD         NARRAGANSETT       State: RI         zip: 02882       Count         s of Limited Liability Company and Name or Title of Contact Person:         EANNE GIANNETTO Contact Title:       BUSINESS PARTNER         47 BASIN RD.         NARRAGANSETT       State: RI         Zip: 02882       Count	ry: <u>USA</u> intry: <u>US</u>
<ul> <li>4. Brief Description</li> <li>Property managem</li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: LE</li> <li>No. and Street:</li> <li>City or Town:</li> <li>7. Name and Addr</li> <li>DO NOT LIST M</li> </ul>	hent         • Address         47 BASIN ROAD NARRAGANSETT         State: RI       Zip: 02882         Count         s of Limited Liability Company and Name or Title of Contact Person:         EANNE GIANNETTO Contact Title:       BUSINESS PARTNER         47 BASIN RD.         NARRAGANSETT       State: RI         Zip:       02882         Count	ry: <u>USA</u> intry: <u>US</u>
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<ul> <li>4. Brief Description</li> <li>Property managem</li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: LE</li> <li>No. and Street:</li> <li>City or Town:</li> <li>7. Name and Addr</li> <li>DO NOT LIST M</li> <li>Title</li> <li>8. RESIDENT AGEI</li> </ul>	hent         Address         47 BASIN ROAD NARRAGANSETT         State: RI       Zip: 02882         Count         s of Limited Liability Company and Name or Title of Contact Person:         EANNE GIANNETTO Contact Title:       BUSINESS PARTNER         47 BASIN RD. NARRAGANSETT       State: RI       Zip: 02882       Count         ress of Each Manager of the Limited Liability Company, if Applicable.       Individual Name       Address	ry: <u>USA</u> intry: <u>US</u>

**Signed this 4 Day of September, 2009 at 2:17:27 PM 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>ANDREW GIANNETTO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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