

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

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Prism	Properties, LLC						
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3 ira Von Circle			Foxboro		1	02835	
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Contact Name							
			The state of the s				
Street Address			•	1		Zip	
3 Ira Von Circle			Foxboro	MA	4	02835	
ress of	EACH MANAGER O	F THE LIMITED LIABL	LITY COMPANY, IF	APPLICABLE	DO NOT LIST	MEMBERS	
	FILL IN SPACE	S BEFORE USING ATTA	CUMENTS ("X" BC	X FOR ATTACH!	VENT)		
Manager Name			Manager Name				
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I IN RH	ODK ISLAND - DO N	Ol ALTER Changes		orm 642 - R.I.G	i.L 7-16-11		
Agent Name Joseph Tudino			Address				
Address			City		Zip	•	
			Providence 02908				
	2. Exact Prism	2. Exact name of the limited liability Prism Properties, LLC 4. Brief description of the To engage in any la 8. OF LIMITED LIABILITY (RESS OF EACH MANAGER OF FILL IN SPACE State	4. Brief description of the character of the husiness which To engage in any lawful act or activity for a second s	Prism Properties, LLC 4. Brief description of the character of the husiness which is actually conducted in To engage in any lawful act or activity for which limited liability City Foxboro 85. OP LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONT Contact Title Member City Foxboro RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF FILL IN SPACES BEFORE USING ATTACHMENTS (X* BG Manager Name Street Address State Zip City Manager Name Street Address State Zip City T IN RHODE ISLAND DO NOT ALTER—Changes require filing of Fe Address City	2. Exact name of the limited liability company Prism Properties, LLC 4. Brief description of the character of the husiness which is actually conducted in Rhode Island To engage in any lawful act or activity for which limited liability companies are City Foxboro MA SS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Member City Foxboro MA RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES REFORE USING ATTACHMENTS ("X" BOX FOR ATTACH Manager Name Street Address State Zup City Stat Manager Name Street Address State Zup City Stat T IN RHODE ISLAND DO NOT ALTER Changes require filling of Form 642—B.L.C. Address City	2. Exact name of the limited liability company Prism Properties LLC	

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

File Date	9-4-09
Check No.	985
В»:	mnc
FOR SECR	ETARY 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.

Signature of Authorized Person

Date

William Paolino

Print or Type Name of Authorized Person