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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.

* 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.

1. ID No.	2. Exact name of the limit	2. Exact name of the limited liability company				
124769	ABAA Investment	BAA Investments llc				
3. State of Formation	4. Brief descripti	ion of the character of the b	usiness which is actually conducted in Rhod	e Island		
Rhode Island	Real esta	te investments				
5. Principal office address			City	State	Zip	
195 James P Murphy Hwy.			West Warwick	Rhode Island	02893	
5. MAILING AD		ILITY COMPANY ANI	D NAME OR TITLE OF CONTACT	PERSON:		
Contact Name			Contact Title			
Anthony J Vessella Street Address			City	State	Zip	
			West Warwick	 Rhode Island	02893	
195 James P Murphy Hwy.			: West Warwick ED LIABILITY COMPANY, IF APPI			
	******	SPACES BEFORE USI		· · · · · · · · · · · · · · · · · · ·		
Manager Name	****		Manager Name			
Manager Name Street Address						
	State	Zíp	Manager Name	State	Zip	
Street Address			Manager Name Street Address	State	Zip	
Street Address			Manager Name Street Address	State	Zip	
Street Address			Manager Name Street Address City	State	Zip	
Street Address City Manager Name			Manager Name Street Address City Manager Name	State	Zip Zip	
Street Address City Manager Name Street Address	State	Ζψ	Manager Name Street Address City Manager Name Street Address			
Street Address City Manager Name Street Address City 8. RESIDENT A	State State State GENT IN RHODE ISLAND	Zip Zip	Manager Name Street Address City Manager Name Street Address	State		

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

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 9-10-09	contained herein are true and correct.
Check No. 1213	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Anthony J Vessella Print or Type Name of Authorized Person