

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

1. ID No. 1 <b>2949</b> 5		t name of the limited liability company ett Steel Properties, LLC				
3. State of Formation Rhode Island 4. Brief description of the character of the husing REAL ESTATE/GENERAL BUSIL			tess which is actually conducted in Rhode Island NESS			
5. Principal office address 237 Hardig Road			City: Warwick	State Rhode Island	<i>Ζφ</i> 02886	
6. MAILING ADE Contact Name Peter R. D'Amb		Y COMPANY AND	NAME OR TITLE OF CONTA Contact Title Manager	CT PERSON:	·	
Street Address 237 Hardig Road			Gity Warwick	State Rhode Island	<i>дір</i> 02886	
7. NAME AND AI				PPLICABLE - <u>DO NOT LIS</u> FOR ATTACHMENT)	T MEMBERS	
Manager Name Peter R. D'Ambruoso			Manager Name Shirley A. D'Ambruoso			
Street Address 237 Hardig Roa	ad		Street Address 237 Hardig Road	and a state of the		
City	State	Zip	Cuy	State	Zip	
Warwick <sup>Manager Name</sup>	Rhode Island	02886	Warwick  Manager Name	Rhode Island	02886	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
_	ENT IN RHODE ISLAND s currently of record in the Office	te of the Secretary of	of State. Changes require filing of	of Form 642 - R.I.G.L. 7-16-11	I	

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

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File Date _	9-14-09
Check No	613
Ву:	mnc
FC	OR 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.

R. C. Condeniese 9-11- 59

Peter R. D'Ambruoso

Print or Type Name of Authorized Person