

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 (here)) is subject to a penalty fee of \$25.00.

(R.I. U.L. 7-10-00 (00	c)) is subject to	a penaity jee oj \$2	23.00.					
1. ID No. 104483		a name of the limited hability company ort Park Properties, LLC						
3. State of Formation A. Brief description of the character of the busin Own and operate real estate				business which is actually conducted in	ress which is actually conducted in Rhode Island			
5. Principal office address 335 Centerville Road, Building 5-E				City Warwick	State R1	7ip 02886		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name Douglas B. Riggs				TO NAME OR TITLE OF CONT				
Street Address 335 Centerville Road, Building 5-E				City Warwick	State RI	^{Zip} 02886		
7. NAME AND AI	DDRESS OF			ED LIABILITY COMPANY, IF SING ATTACHMENTS ("X" BO	APPLICABLE - DO NOT			
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
City		State	Zip	City	State	Ζίμ		
Munager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
Ciţv		State	Zip	City	State	Zip		
8. RESIDENT AG								
This information i	s currently o	of record in the	Office of the Secretar	y of State. Changes require filing	g of Form 642 - R.I.G.L. 7-1	6-11		

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

104483

File Date 9-14-09
Check No. 1605
By: MMC
FOR 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.

Signature of Authorized Person

Date

Douglas B. Riggs

Print or Type Name of Authorized Person