RI SOS - Filing Number: 200951414310 Date: 09/17/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.

1. ID No.	2. Exact name of the limited liability company
125301	Pontiac Gessing, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Real Estate Investment

5. Principal office address	City	State	Zip
2 Stafford Court	Cranston	RI	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Thomas D. Prete	

Street Address	City	State	Zip
2 Stafford Court	Cranston	RI	02920

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
—	—
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
—	—
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
Thomas H. Prete, Esq	
Address	City / Zip
2 Stafford Court	Cranston, RI 02920

2009 SEP 17 PM 3:06

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

3:06

File Date	FILED
Check No.	SEP 17 2009
By:	By 7082

38358-3-424548
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* 9/17/09

Thomas H. Prete, Esq
Print or Type Name of Authorized Person

Form 632 Rev. 07/07