



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.<br>158502   |       | 2. Exact name of the limited liability company<br>52 Ballou Boulevard, LLC                                       |                                    |              |              |
| 3. State of Formation<br>Rhode Island   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Real estate |                                    |              |              |
| 5. Principal office address<br>52 Ballou Boulevard  |       |  | City<br>Bristol                    | State<br>RI  | Zip<br>02809 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>G. Thomas Patton  |       |  | Contact Title<br>Authorized Person |              |              |
| Street Address<br>55 Broad Common Road  |       |  | City<br>Bristol                    | State<br>RI  | Zip<br>02809 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                                    |              |              |
| 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<br>Christopher C. Cassara Esq.   |       |  | Address<br>180 South Main Street   |              |              |
| Address<br>Partridge Snow & Hahn LLP  |       |  | City<br>Providence                 | Zip<br>02903 |              |

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 STATE OF RHODE ISLAND  
 CORPORATIONS DIVISION

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

|                                 |         |
|---------------------------------|---------|
| File Date                       | 9-17-09 |
| Check No.                       | 14735   |
| 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.

*G. Thomas Patton* 9/17/09  
Signature of Authorized Person Date

G. Thomas Patton

Print or Type Name of Authorized Person