



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 09

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. <u>160718</u> | | 2. Exact name of the limited liability company <u>ARAMIAN ENTERPRISES, LLC</u> | |
| 3. State of Formation | | 4. Brief description of the character of the business which is actually conducted in Rhode Island <u>REAL ESTATE</u> | |
| 5. Principal office address <u>19 AUGUST ST</u> | | City <u>PROVIDENCE</u> | State <u>R.I.</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>MARTHA ARAMIAN</u> | | Contact Title | Zip <u>02908</u> |
| Street Address <u>19 AUGUST ST</u> | | City <u>PROVIDENCE</u> | State <u>R.I.</u> |
| 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) <input type="checkbox"/> | | Zip <u>02908</u> | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 | |
| Address | | City | Zip |

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

2009 SEP 21 PM 3:03
CORPORATIONS DIV

3:03

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|---------------------------------|--------------------|
| File Date | FILED |
| Check No. | SEP 21 2009 |
| By | <u>203993/9</u> |
| 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.

Martha Aramian 9-21-09
Signature of Authorized Person Date
MARTHA ARAMIAN
Print or Type Name of Authorized Person