

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.

dance with RIGI 7-16-66 (d) each limited liability company failing or refusion

1. ID No. 139131		i name of the limited liahility company n Family, LLC				
3. State of Formation RHODE ISLAND	1	4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND MANAGE REAL ESTATE				
5. Principal office address 1130 TEN ROD ROAD, SUITE E-207			City NORTH KINGSTOWN	State RI	2φ 02852	
6. <mark>MAILING ADDR</mark> Contact Name LYNN F. MORAN		IMITED LIABII	LITY COMPANY AND	NAME OR TITLE OF CONTACT PER Contact Title MANAGER	SON:	·
Street Address 1130 TEN ROD ROAD, SUITE E-207			City NORTH KINGSTOWN	State RI	<i>Хір</i> 02852	
7. NAME AND ADI	ress oi	F EACH MANAC FILL IN S	GER OF THE LIMITEI PACES BEFORE USIN	D LIABILITY COMPANY, IF APPLICA G ATTACHMENTS ("X" BOX FOR AT	BLE - DO NOT TACHMENT)	LIST MEMBERS
Manager Name LYNN F. MORAN				Manager Name STEVEN MORAN		
Street Address 1130 TEN ROD ROAD, SUITE E-207				Street Address 1130 TEN ROD ROAD, SUITE E-207		
City NORTH KINGST Manager Name	OWN	State RI	Ζір 02852	City NORTH KINGSTOWN Manager Name	State RI	<i>Zip</i> 02852
Street Address				Street Address		
City		State	Zip	City	State	Zip.
8. RESIDENT AGES This information is of			I Office of the Secretary o	: of State. Changes require filing of Form	1 642 - R.I.G.L. 7-1	
						9 SEP 21
		This report n	oust be executed by an	a authorized person pursuant to R.I.G.	I., 7-16-66 (b)	PM 3:51
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*	139	9131				· · · ·

File Dat	FILED
Check N	SEP 21 2009
Ву:	160 G 3V
	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

LYNN F. MORAN, MANAGER

Print or Type Name of Authorized Person