RI SOS Filing Number: 200951577600 Date: 09/21/2009 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* • **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 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company		
162976	BREEN ROAD PROPERTIES, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	ACQUIRE, HOLD, MANAGE AND SELL REAL ESTATE		
5. Principal office address	City	State	Zip
60 South County Commons Way, G4	Wakefield	RI	02879

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

Contact Name	Contact Title		
Joann K. Turo			
Street Address	City	State	Zip
175 12th St., Suite 15A	New York	NY	10011

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
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

[redacted] 162976 [redacted]

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.

Joann K. Turo 9/24/09.
Signature of Authorized Person *Date*

[redacted] Joann K. Turo
Print or Type Name of Authorized Person

File Date 9-21-09
Check No. 139
By: mnc
FOR SECRETARY OF STATE USE ONLY
383571-27-431863

Form 632 Rev. 08/08