



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. 110287		2. Exact name of the limited liability company AMMIM, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. Principal office address 19 BENSON AVENUE		City WARWICK	State RI	Zip 02888-4808	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARY I. MONTUORI			Contact Title MEMBER		
Street Address 19 BENSON AVENUE		City WARWICK	State RI	Zip 02888-4808	
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 DAVID DIPALMA, ESQ.			Address		
Address 138 WARREN AVENUE		City EAST PROVIDENCE	Zip 02914		

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

FILED

110287

SEP 22 2009

By *[Signature]*

29-99394

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: Mary I. Montuori] 9-3-09
Signature of Authorized Person Date

MARY I. MONTUORI

Print or Type Name of Authorized Person

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY