



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)(7)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                                  |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. ID No.<br>144509                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>Makaira, 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 Holding Company |             |
| 5. Principal office address<br>4 Grafton Street                                                                                                                                                               |       | City<br>Coventry                                                                                                                 | State<br>RI |
|                                                                                                                                                                                                               |       | Zip<br>02816                                                                                                                     |             |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                  |             |
| Contact Name<br>David B. Munroe                                                                                                                                                                               |       | Contact Title<br>Operating Manager                                                                                               |             |
| Street Address<br>4 Grafton Street                                                                                                                                                                            |       | City<br>Coventry                                                                                                                 | State<br>RI |
|                                                                                                                                                                                                               |       | Zip<br>02816                                                                                                                     |             |
| 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 | City                                                                                                                             | State       |
| Zip                                                                                                                                                                                                           |       | Zip                                                                                                                              |             |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                     |             |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                   |             |
| City                                                                                                                                                                                                          | State | City                                                                                                                             | State       |
| Zip                                                                                                                                                                                                           |       | 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).

144509

|                                 |              |
|---------------------------------|--------------|
| File Date                       | <b>FILED</b> |
| Check No.                       | SEP 21 2009  |
| By:                             | By 194       |
| 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

9-14-09

Print or Type Name of Authorized Person