

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 \$2:	5.00.						
7. ID No. 116869	2. Exact name of the limited Old Colony Inn, LL	cact name of the limited liability company  Colony Inn, LLC						
3. State of Formation Rhode Island 4. Brief description of the character of the Cown and sell real estate			business which is actually conducted in Rhode Island					
5. Principal office address One Ship Street			City Providence	State RI	<sup>Zip</sup> 02903			
6. MAILING ADD Contact Name Marc A. Greenf	oress of limited liabi	LITY COMPANY A	ND NAME OR TITLE OF CONTA  Contact Title	CT PERSON:				
Street Address One Ship Street			City Providence	State RI	<sup>Zip</sup> 02903			
7. NAME AND AI			TED LIABILITY COMPANY, IF A SING ATTACHMENTS ("X" BOX	PPLICABLE - DO NOT				
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	Gity	State	Zip			
	ENT IN RHODE ISLAND s currently of record in the C	Office of the Secretar	ry 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).

116869

File Date FILED	
Check No. SEP 2 1 2009	
By 10996	

			<b>,</b>	
Under penalty o	f perjury, I declar	e and affirm the	have examined this rep	O)
including any ac	companying scho	dules and state	ments, and that all stateme	n
contained hereja	are true and corr	ect.		
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			9.17.07	
Signature of Auth	orized Person		ate	_
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