

A. Ralph Mollis, Secretary of State Corporations Division 1-48 W. River Street Providence, RI 02904-2615 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

iling 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

1		at name of the limited liability company RICHMOND ST. LLC				
3. State of Formation Rhode Island		on of the character of the hi. ell real estate	isiness which is actually conducted in Rl	ss which is actually conducted in Rhode Island		
5 Principal office address Dne Ship Street		City Providence	State RI	^{Ζφ} 02903		
5. MAILING ADD Contact Name Marc A. Greenf		LITY COMPANY ANI	O NAME OR TITLE OF CONTAC	CT PERSON:		
Street Address	ıt		City Providence	State RI	2sp 02903	
Oue Suib Stree			Trovidence	1'''		
-	DDRESS OF EACH MANA	GER OF THE LIMITE SPACES BEFORE USI	: D LIABILITY COMPANY, IF AI	ı	 <u>T LIST MEMBER</u>	
7. NAME AND AI	DDRESS OF EACH MANA		: D LIABILITY COMPANY, IF AI	 PPLICABLE - <u>DO NO</u>	 <u>T LIST MEMBER</u>	
One Ship Stree 7. NAME AND AI Manager Name Street Address	DDRESS OF EACH MANA		E D LIABILITY COMPANY, IF AI NG ATTACHMENTS ("X" BOX :	 PPLICABLE - <u>DO NO</u>	 <u>T LIST MEMBER</u>	
7. NAME AND AI Manager Name Street Address	DDRESS OF EACH MANA		D LIABILITY COMPANY, IF AI NG ATTACHMENTS ("X" BOX Manager Name	 PPLICABLE - <u>DO NO</u>	 <u>T LIST MEMBER</u>	
7. NAME AND AI	DDRESS OF EACH MANA FILL IN	SPACES BEFORE USI	D LIABILITY COMPANY, IF AI NG ATTACHMENTS ("X" BOX Manager Name Street Address	PPLICABLE - <u>DO NO</u> FOR ATTACHMENT) [T LIST MEMBER	
7. NAME AND AI Manager Name Street Address City	DDRESS OF EACH MANA FILL IN	SPACES BEFORE USI	D LIABILITY COMPANY, IF AI NG ATTACHMENTS ("X" BOX Manager Name Street Address City	PPLICABLE - <u>DO NO</u> FOR ATTACHMENT) [T LIST MEMBER	

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

122696

File Date	FILED
Check No.	SEP 2 1 2009
_{By:} _ By	10996

Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person

late

Marc A. Greenfield-