

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. 113923	1 "	name of the limited liability company siness Properties, LLC				
3. State of Formation RI	4. Brief descripti engage in t	4. Brief description of the character of the business which is actually conducted in Rhode Island engage in the business of investing in real estate, securities or other business ventures				
5. Principal office address 530 East Shore Road			City Jamestown	State RI	Zip 02835	
6. MAILING ADDRE Contact Name Michael A. Rocchi		ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:	·	
Street Address 530 East Shore Road			city Jamestown	State RI	Zip 02835	
7. NAME AND ADDI		GER OF THE LIMITE SPACES BEFORE USIN	D LIABILITY COMPANY, IF AP NG ATTACHMENTS ("X" BOX I	PLICABLE - DO NOT FOR ATTACHMENT)	LIST MEMBERS	
Manager Name Michael A. Rocchio	o		Manager Name			
Street Address 530 East Shore Ro	oad		Street Address			
<i>сту</i> Jamestown	State RI	<i>Ζip</i> 02835	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	Сиу	State	Zip	
	I IN RHODE ISLAND	Office of the Secretary	of State. Changes require filing of	Form 642 - R.I.G.L. 7-1	6-11	

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

113923

File Date FILED
Check Na SEP 2 1 2009
By: By 6456
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.

midal Change 91.5 log

Signature of Authorized Person

Date

Michael A. Rocchio

Print or Type Name of Authorized Person