

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.

397218	1	2. Exact name of the limited liability company PASISA CAPITAL, LLC				
3. State of Formation RHODE ISLAN		ion of the character of the h Estate Inv	nusiness which is actually conducted in Rhod restment	de Island		
5. Principal office address 90 BATTERY LANE			JAMESTOWN	State RI	<i>гър</i> 02835	
6. MAILING ADD Contact Name RICKY SCOTT		ILITY COMPANY AN	D NAME OR TITLE OF CONTACT Contact Title	PERSON:		
Street Address 90 BATTERY LANE			City JAMESTOWN	State RI	<i>χ</i> φ 0283 5	
7. NAME AND AL		GER OF THE LIMITI SPACES BEFORE USI	ED LIABILITY COMPANY, IF APP ING ATTACHMENTS ("X" BOX FO	LICABLE - <u>DO NO</u> DR ATTACHMENT) [<u>r list members</u> 1	
Manager Name			Manager Name	· -		
Street Address			Street Address	Street Address		
Street Address			<u> </u>			
	State	Zip	City:	State	Zip	
City	State	Zip	City Manager Name	State	Ζip	
City Manager Name Street Address	State	Zip		State	Zip	

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

397218

 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

RICKY SCOTT BURNETT

Print or Type Name of Authorized Person

08/08