

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. 158176	2. Exact name of the lin	t name of the limited liability company LLC				
3. State of Formation Rhode Island	4. Brief descri	4. Brief description of the character of the business which is actually conducted in Rhode Island Own and manage real estate				
5. Principal office address One Helena Court			City Middletown	State RI	<i>7.ip</i> 02842	
Philip E. Coen	SS OF LIMITED LIA	BILITY COMPANY AN	ID NAME OR TITLE OF CONTAC Contact Title	T PERSON:	· · · · · ·	
Street Address One Helena Court			<i>city</i> Middletown	State RI	<i>Ζιρ</i> 02842	
7. NAME AND ADDI	RESS OF EACH MAN FILL IN	AGER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF AP ING ATTACHMENTS ("X" BOX F	I PLICABLE - <u>DO NO</u> T FOR ATTACHMENT)	LIST MEMBERS	
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	City	State	Ζψ	
8. RESIDENT AGENT This information is cur			of State. Changes require filing of	I Form 642 - R.I.G.L. 7-1	l 6-11	

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

158176

File Date FILED	
Check No. SEP 2 4 2009	
By By SECRETARY OF STATE USE ONLY	
TOR 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

9-22-69

Philip E. Coen

Print or Type Name of Authorized Person