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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.	2. Exact name of the limited liability company			
147969	Central Street School Apts., ~~In~~ & LLC			
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island			
Rhode Island	buying, selling, owning of real estate			
5. Principal office address		City	State	Zip
3210 Post Road		Warwick	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Michael Lemme	Member		
Street Address	City	State	Zip
32 Old Mill Boulevard	Warwick	RI	02889

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
MICHAEL LEMME	BARBARA LEMME
Street Address	Street Address
32 OLD MILL BLVD	DECEASED 9/4/09
City / State / Zip	City / State / Zip
WARWICK / RI / 02885	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary 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).

147969

[redacted]

[redacted]

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.

Michael Lemme 9/10/09
Signature of Authorized Person *Date*

[redacted]

Michael Lemme
Print or Type Name of Authorized Person

File Date FILED
Check No. SEP 24 2009
By: By LG
FOR SECRETARY OF STATE USE ONLY

38489-29-432106

Form 632 Rev. 08/08