

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 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. 1D No. 124564		t name of the limited liability company POST ROAD PROPERTIES, LLC					
3. State of Formation 4 Brief description of the character of the bupterchasing, managing and least			ion of the character of the bu , managing and lea	siness which is actually conducted in Rhode Island sing real estate			
5. Principal office address 5 Whales View Drive				City Westerly	State RI	<i>χ</i> ψ 02891	
6. MAILING ADI Contact Name Thomas Beattle		MITED LIAB	ILITY COMPANY ANI	O NAME OR TITLE OF CONTA	CT PERSON:	ı	
Street Address 5 Whales View Drive				City Westerly	State RI	<i>Ζιμ</i> 02891	
7. NAME AND AI	DDRESS OF	EACH MANA FILL IN	GER OF THE LIMITE SPACES BEFORE USI	. D LIABILITY COMPANY, IF A NG ATTACHMENTS ("X" BOX	T PPLICABLE - DO NOT FOR ATTACHMENT)		
Manager Nume				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
СПу		State	Zip	СНу	State	Zip	
Manager Name				Manager Namu	Manager Name		
Street Address				Street Address	Street Address		
City		Stetle	Zip	CHy	State	Zip	
8. RESIDENT AGE This information is			Office of the Secretary of	of State. Changes require filing o	 f 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).

124564

File Date

FILED

Check No.

SEP 2 4 2009

By:

By 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.

Signature of Authorized Person

Date 9/23/9

Thomas Beattle

Print or Type Name of Authorized Person