



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)(6)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                  |             |              |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----|
| 1. ID No.<br>130088                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>Ledge Point Cottage, LLC                                       |             |              |     |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>real estate |             |              |     |
| 5. Principal office address<br>38 Ledge Road                                                                                                                                                                  |       | City<br>Newport                                                                                                  | State<br>RI | Zip<br>02840 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>Joseph H. Olaynack III                                                                                |       | Contact Title                                                                                                    |             |              |     |
| Street Address<br>31 America's Cup Ave                                                                                                                                                                        |       | City<br>Newport                                                                                                  | State<br>RI | Zip<br>02840 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                  |             |              |     |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                     |             |              |     |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                   |             |              |     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                              | City        | State        | Zip |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                     |             |              |     |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                   |             |              |     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                              | City        | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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).

130088

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.

M. Farza 9/22/09  
Signature of Authorized Person Date

Mohamed Farzan

Print or Type Name of Authorized Person

|                                 |         |
|---------------------------------|---------|
| File Date                       | 9-24-09 |
| Check No.                       | 289     |
| By:                             | MNC     |
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