



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

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. <b>157233</b>		2. Exact name of the limited liability company <b>Sinnott Family, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real estate</b>			
5. Principal office address <b>c/o Partridge Snow &amp; Hahn LLP, 180 South Main Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Sara E. Beattie</b>			Contact Title <b>Manager</b>		
Street Address <b>PO Box 126</b>		City <b>Fiskeville</b>	State <b>RI</b>	Zip <b>02823</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Sara E. Beattie</b>			Manager Name <b>Margaret R. Alves</b>		
Street Address <b>PO Box 126</b>		Street Address <b>135 Cleveland Street</b>			
City <b>Fiskeville</b>	State <b>RI</b>	Zip <b>02823</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>John J. Partridge Esq.</b>			Address <b>180 South Main Street</b>		
Address <b>Partridge Snow &amp; Hahn LLP</b>			City <b>Providence</b>	Zip <b>02903</b>	

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 STATE  
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**FILED**

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

SEP 25 2009

By S 099819

File Date _____
Check No. _____
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.

Sara E. Beattie 9-19-09  
Signature of Authorized Person Date

**Sara E. Beattie**  
Print or Type Name of Authorized Person