



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  
401.222.3010

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

|                                                                                                                                                                                                               |       |                                                                                                                              |                |              |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|-----|
| 1. ID No.<br>121821                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>Feldco Providence, 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 Development |                |              |     |
| 5. Principal office address<br>38 North Court Street                                                                                                                                                          |       | City<br>Providence                                                                                                           | State<br>RI    | Zip<br>02903 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                              |                |              |     |
| Contact Name<br>John B. Murphy, Esquire                                                                                                                                                                       |       |                                                                                                                              | Contact Title  |              |     |
| Street Address<br>38 North Court Street                                                                                                                                                                       |       | City<br>Providence                                                                                                           | State<br>RI    | Zip<br>02903 |     |
| 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<br>Not Applicable                                                                                                                                                                                |       |                                                                                                                              | 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).

121821

|                                 |            |
|---------------------------------|------------|
| File Date                       | 9-25-09    |
| Check No.                       | 29507      |
| By:                             | <i>MNC</i> |
| 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.

*John B. Murphy* 9.22.09  
Signature of Authorized Person Date  
John B. Murphy, Esquire  
Print or Type Name of Authorized Person