

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_ Filing Period: September 1 - November 1 - Filing Fee: \$50.00

2009

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.

(R.I.G.L. /-10-00 (b&c)) is sub	bject to a penalty fee	of \$25.00.						
1. ID No. 2. 1	2. Exact name of the limited liability company							
	り セナに	ATRIOT RA	ALTY LCC					
3. State of Formation	4. Brief descript	ion of the character of the bi	isiness which is actually conducted in I	Rhode Island				
KI'	R	ental prop	crty					
5. Principal office address		7 . 40	City	State	Zip			
55 CIRCUIT Of.			CUMB	Ri	QX 6 4			
6. MAILING ADDRESS C	F LIMITED LIAB	ILITY COMPANY ANI	NAME OR TITLE OF CONTA	CT PERSON:				
Contact Name	- D 00 17	V /	Contact Title	•				
	110T PEALT	1 666	Member	Member				
Street Address			City	State	Zip			
55 CIRCUIT PR.			CUMB	RI	0286V			
7. NAME AND ADDRESS	OF EACH MANA	AGER OF THE LIMITE	D LIABILITY COMPANY, IF A	PPLICABLE - DO NOT	LIST MEMBERS			
	FILL IN	SPACES BEFORE USI	NG ATTACHMENTS ("X" BOX	FOR ATTACHMENT)				
Manager Name			Manager Name	Manager Name				
			•					
Street Address			Street Address	Street Address				
			•					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
		<u> </u>						
Street Address			Street Address	Street Address				
an.	1.			·				
City	State	Zip	City	State	Zip			
8 RESIDENT ACENT IN	PHODE YELAND	DO NOT ALTER C		1/4/2 77/27 -3/4				
Agent Name	KITODE IÇEKIND	- DO NOT ALTER - C		require filing of Form 642 - R.I.G.L. 7-16-11				
					20 89			
Address			City					
Tiour Cas			City	Zip	2			
			<u> </u>					
					4 + + 1			
					57			

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

	12:08	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,
File Date Check No By: FOR SECRETAR	FILED OCT 0 1 2009 y / 100/8 3 y of state use only	Signature of Authorized Person Print or Type Name of Authorized Person Contained herein are true and correct. Market Market Start