



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. 291676		2. Exact name of the limited liability company PLAINVIEW PROPERTIES, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, operate, maintain, manage, lease, develop and sell property			
5. Principal office address		City	State	Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Habib Y. Gorgi		Contact Title Manager			
Street Address c/o Moses Brown School, 250 Lloyd Avenue		City Providence	State RI	Zip 02906	
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 Habib Y. Gorgi		Manager Name Sheri Sweitzer			
Street Address c/o Moses Brown School, 250 Lloyd Avenue		Street Address c/o Moses Brown School, 250 Lloyd Avenue			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Manager Name N. Kim Wiegand		Manager Name Robert Mann			
Street Address c/o Moses Brown School, 250 Lloyd Avenue		Street Address c/o Moses Brown School, 250 Lloyd Avenue			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Andrew H. Davis, Jr.		Address			
Address 101 Dyer Street		City Providence	Zip 02903		

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

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.

 9-17-09  
Signature of Authorized Person Date

Habib Y. Gorgi  
Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	OCT 02 2009
By:	By  100294
FOR SECRETARY OF STATE USE ONLY	