



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.**

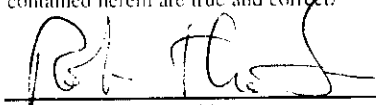
\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law  
R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                          |                         |             |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------|
| 1. ID No.<br>138439                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>CODDINGTON MANAGEMENT, 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>PROPERTY MANAGEMENT |                         |             |              |
| 5. Principal office address<br>P.O. BOX 6884                                                                                                                                                                  |       | City<br>PROVIDENCE                                                                                                       |                         | State<br>RI | Zip<br>02940 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                          |                         |             |              |
| Contact Name<br>ROBERT A. SWEET                                                                                                                                                                               |       |                                                                                                                          | Contact Title<br>MEMBER |             |              |
| Street Address<br>P.O. BOX 6884                                                                                                                                                                               |       | City<br>PROVIDENCE                                                                                                       |                         | State<br>RI | Zip<br>02940 |
| 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).

138439

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.

 10/1/09  
Signature of Authorized Person Date

ROBERT A. SWEET

Print or Type Name of Authorized Person

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | OCT 02 2009 |
| Check No.                       |             |
| By                              | 1059        |
| FOR SECRETARY OF STATE USE ONLY |             |