State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 139813	2. Exact name of the limited liability company: BERTOLDI PROPERTIES, LLC

3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTAL

5. Principal office address 767 HARTFORD AVENUE	City JOHNSTON	State RI	Zip 02919

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name ANTHONY BERTOLDI	Contact Title MANAGING PARTNER

Street Address 767 HARTFORD AVENUE	City JOHNSTON	State RI	Zip 02919

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name ANTHONY BERTOLDI	Manager Name JOSEPH R. BERTOLDI
Street Address 9 FAIR OAKS LANE	Street Address 50 REGINA DRIVE

City GREENVILLE	State RI	Zip 02828	City SCITUATE	State RI	Zip 02857

Manager Name	Manager Name
Street Address	Street Address

City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
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).

| File Date 10-5-09 |
| Check No. 1822 |
| By: mnc |
| 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.

Signature of Authorized Person _Anthony Bertoldi_   Date 10/2/2009

Print or Type Name of Authorized Person ANTHONY BERTOLDI

Form 632 Rev. 08/08