

A. Ralph Mollis, Secretary of S. Corporations Divis.

148 W. River Str

Providence, RI 02904-24
401.2223

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

* Filing Fee: \$50.00	
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company for the	
(R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00	or refusing to file its annual report within thirty (30) days after the time prescribed by law
	Je special by law

1. ID No. 2	. Exact name of the lim	ited liability company			
135623	AM1	N PROPER	TIES, LL	 _	
3. State of Formation	4. Brief descrip	tion of the character of the hu	siness which is actually conducted in		
ドゴ		P (Rhode Island	
5. Principal office address		loat	state		
	119 East	WILL SUTLE	t City West W	arwich State R.I	Zip
6. MAILING ADDRESS	OF LIMITED LIAN	BILITY COMPANY AND	NAME OR TITLE OF CONTA	1 1/,7	02897
Contact Name	12 11		Contact Till	ACT PERSON:	, ,
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reet Address			vembe		
119 Ea	st Main si	treet	cuy	wich R.I	Zip
NAME AND ADDRES	S OF FACTIVAN	CER CE	: Votes 1 was t	" I V' T	02893
TITLE TELEVISION	O OF EACH MANA	CRUCES OF THE LIMITED	: WP W W W W W W W W W W W W W W W W W W	DDITCID	IST MEMBERS
	FILL IN	SPACES BEFORE USIN	G ATTACHMENTS ("X" BO	X FOR ATTACHMENT)	JOI MEMBERS
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			Manager Nang		*************************
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RESIDENT AGENT IN	RHODE ISLAND	- DO NOT ALTER OF	anges require filing of For		
erit Name		20 NOT ALTER - UN	anges require filing of For	m 642 - R.I.G.L. 7-16-11	
			Address		
Try/s			Carr		<u>. </u>
			""	Z_{ip}	
					

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

File Date 10-5-09	10/5/09	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.		
Check No.	1843		·*************************************	22/9
By:	mnc	Signature of Authorized Person KISHWAR	Date YAS / N	/- -