

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* - 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. 97258		P. Exact name of the limited liability company BALZANO FAMILY PROPERTIES INC .				
3. State of Formation 4. Brief description of the character of the business			ss which is actually conducted in Rho	ode Island		
RHODE ISLAND REAL ESTATE INVESTMENT F			PROPERTY			
5. Principal office address 60 DEWOLF AVENUE			BRISTOL	State RI	^{Zip} 02809	
6. MAILING ADDRE Contact Name MILDRED BALZ/		BILITY COMPANY AND N	AME OR TITLE OF CONTAC Contact Title MANAGER	T PERSÔN:	等的 (基础的) (14 的) 。 	
Street Address			City	State	Zip	
60 DEWOLF AVENUE			BRISTOL	RI	02809	
Munager Name MILDRED BALa Street Address 60 DEWOLF A	ZANO	SPAGES HEFORE USING	ATTACHMENTS (X BOX F Manager Name Street Address	OR ATTACHMENT)		
City BRISTOL	State RI	^{Zip} 02809	City	State	Zip	
Manager Name	••••••		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is cur	The state of the s	#54.454494446467677. 2862147411.814.946449444445554477544188446944444	tate. Changes require filing of	I Form 642 - R.I.G.L. 7-16	5-11	

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	2170
By:	mic
	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

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Print or Type Name of Authorized Person