

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

1. ID No. 131089	1_	t name of the limited liability company y Group of Rhode Island				
3. State of Formation Rhode Island 4. Brief description of the character of the bus The purchase and rental of real			iness which is actually conducted in Rhode Island property			
5. Principal office address 400 Reservoir Avenue			City Providence	State RI	Ζψ 02907	
6. MAILING ADD Contact Name Kevin T. Dorsey		ILITY COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:	·	
Street Address 11 Carrie Ann Drive			City Cranston	State RI	2tp 02921	
7. NAME AND AL		GER OF THE LIMITED SPACES BEFORE USIN	D LIABILITY COMPANY, IF AI G ATTACHMENTS ("X" BOX	PPLICABLE - DO NOT FOR ATTACHMENT)	<u>r list members</u>	
Manager Name Kevin T. Dorsey			Manager Name	Manager Name		
Street Address 11 Carrie Ann Drive			Street Address	Street Address		
<i>сиу</i> Cranston	State RI	Ζψ 02921	City	State	Zip	
Manager Name			Manager Name	Munager Name		
Street Address			Street Address	Street Address		
Сиу	State	Zip	City	State	Zip	
	ENT IN RHODE ISLAND s currently of record in the	Office of the Secretary o	f State. Changes require filing o	f Form 642 - R.I.G.L. 7-1	16-11	

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

131089

File Date	10-7-09
Check No	1087
Ву:	mnc
FOR S	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

Kevin T. Dorsey

Print or Type Name of Authorized Person