

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. (R.I.G.L. 7-16-66 (b&c)) i			company failing or refusing to	file its annual report within thirt	y (30) days after the time pres	cribea by law
1. ID No. 109017		name of the limited liability company HOLDINGS, L.L.C.				
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT AND CONSULTING						
5. Principal office address 205 GOVERNOR STREET				City PROVIDENCE	State RI	^{Zip} 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name CYNTHIA S. REED				IE OR TITLE OF CONTACT PERSON: Contact Title PRESIDENT		
Street Address 205 GOVERNOR STREET				City PROVIDENCE	State RI	^{Zip} 02906
7. NAME AND ADD	RESS OF		F THE LIMITED LIABI S BEFORE USING ATT	LLITY COMPANY, IF APP. ACHMENTS ("X" BOX FO	LICABLE - DO NOT OR ATTACHMENT)	LIST MEMBERS
Manager Name NONE				Manager Name		
Street Address				Street Address		
City		State	Zip	City	State	Zip
Manager Name	*********	l	J	Manager Name		
Street Address				Street Address		
City		State	Zip	City	State	Zip
8. RESIDENT AGEN This information is c			of the Secretary of State.	Changes require filing of I	Form 642 - R.I.G.L. 7-10	
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		This report must b	e executed by an autho	rized person pursuant to I	R.I.G.L. 7-16-66 (b).	93: 46
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File Date FOR SECRETA 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.

WALTER G.D. REED, VICE PRESIDENT

Print or Type Name of Authorized Person