

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.

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1. ID No.	2. Exact name of the limited liability company						
164753	Brookwood Middletown Tech. LLC						
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island							
Delawale	Real	Estate In	<i>lestment</i>				
5. Principal office address	_		City	State	Zip		
72 Cherry Hill Drive			Beverly	I MA	01915		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
JOYCE M. MOO'R			Contact Title Contro	Controller			
Street Address			City	State	Zip		
JOYCE M. MOORE  Street Address  The Cherry HII Drive			Beverly	mA	01915		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS							
	FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" BOX F	FOR ATTACHMENT)			
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
*************************							
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
200	Ta.						
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT	' IN RHODE ISLAND	ı	•	I			
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							
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED					
File Date 0CT 07 2000					
BY 100698					
FOR SECRETARY OF STATE USE ONLY					

		that I have examined this report tatements, and that all statements
contained herein are true and c	оптест.	tatements, and mat an statement
Dink	um	10-6-2009
Signature of Authorized Person  NOMAS	W.B.	Date RMW
Print or Type Name of Authorize		