

A. Ralph Mollis, Secretary of State

Zip

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3046

## 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. 2. Exact name of the limited liability company 97506 **ETA Group LLC** 3. State of Formation . Brief description of the character of the business which is actually conducted in Rhode Island Buy, sell and develop real estate Rhode Island 5. Principal office address CttvZipOne Ship Street Providence RI 02903 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Alfred Decredico Street Address City State ZijOne Ship Street Providence RI 02903 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Alfred Decredico Street Address Street Address same as above City State ZipCity Zip Manager Name Street Address Street Address

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

City

97506

State

8. RESIDENT AGENT IN RHODE ISLAND

Zip

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

City

File Date \_\_\_\_\_\_/0~8~09 Check No. \_\_\_\_\_/1053 By:\_\_\_\_\_ Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

State

Signature of Authorized Person

Alfred Decredico