



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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. 142568		2. Exact name of the limited liability company 349 Dyer Ave. LLC			
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island residential Property			
5. Principal office address 349 Dyer Ave		City Cranston		State RI	Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sergio Rodriguez			Contact Title		
Street Address 349 Dyer Ave		City Cranston		State RI	Zip 02920
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name			Address		
Address			City		Zip

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

2010 OCT 14 PM 4:26

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.

File Date	FILED
Check No.	OCT 14 2009
By:	By [Signature] 10/12/09
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person

Date

Print or Type Name of Authorized Person