



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\* • **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)(7c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |             |                                                                                                                             |                         |             |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------|
| 1. ID No.<br>140764                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>BENKER FAMILY LLC                                                         |                         |             |              |
| 3. State of Formation<br>RI                                                                                                                                                                                   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE INVESTMENT |                         |             |              |
| 5. Principal office address<br>P.O. BOX 375                                                                                                                                                                   |             | City<br>REHOBOTH                                                                                                            |                         | State<br>MA | Zip<br>02769 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                             |                         |             |              |
| Contact Name<br>CARL H. BENKER, II                                                                                                                                                                            |             |                                                                                                                             | Contact Title<br>MEMBER |             |              |
| Street Address<br>P.O. BOX 375                                                                                                                                                                                |             | City<br>REHOBOTH                                                                                                            |                         | State<br>MA | Zip<br>02769 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                             |                         |             |              |
| Manager Name<br>CARL H. BENKER, II                                                                                                                                                                            |             |                                                                                                                             | Manager Name<br>NONE    |             |              |
| Street Address<br>P.O. BOX 375                                                                                                                                                                                |             |                                                                                                                             | Street Address          |             |              |
| City<br>REHOBOTH                                                                                                                                                                                              | State<br>MA | Zip<br>02769                                                                                                                | City                    | State       | Zip          |
| Manager Name<br>NONE                                                                                                                                                                                          |             |                                                                                                                             | Manager Name<br>NONE    |             |              |
| Street Address                                                                                                                                                                                                |             |                                                                                                                             | Street Address          |             |              |
| City                                                                                                                                                                                                          | State       | Zip                                                                                                                         | City                    | State       | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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                                   |             |                                                                                                                             |                         |             |              |

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

140764

|                                 |          |
|---------------------------------|----------|
| File Date                       | 10-14-09 |
| Check No.                       | 1053     |
| By:                             | MNC      |
| FOR 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.

Carl H. Benker II 10/8/09  
Signature of Authorized Person Date  
CARL H. BENKER, II  
Print or Type Name of Authorized Person