

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.

1. ID No. 127117	i	name of the limited liability company AND, LLC				
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business white REAL ESTATE				ch is actually conducted in Rhode Island		
5 Principal office address 225 GREENSLITT AVENUE				PAWTUCKET	State RI	2 <i>ip</i> 02861
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name EDWARD O. FERLAND				OR TITLE OF CONTACT PERSON: Contact Title MANAGER		
Sircet Address 225 GREENSLITT AVENUE				City PAWTUCKET	State RI	<i>Zip</i> 02861
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 EDWARD O. FERLAND				Manager Name		
Street Address 225 GREENSLITT AVENUE				Street Address		
PAWTUCKET		State RI	<i>zip</i> 02861	City	State	Zip
Manager Name				Manager Name		
Street Address				Street Address		
City		State	Zip	City:	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND 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).

127117

 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.

Signature of Authorized Person

dward O. Ferland

Print or Type Name of Authorized Person