

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. Ricer 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. 127119	"	t name of the timited liability company PROPERTIES, LLC				
3. State of Formation RHODE ISLAND	4. Brief descrip REAL EST	4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE				
5. Principal office address 225 GREENSLITT AVENUE			PAWTUCKET	State RI	<sup>Zip</sup> 02861	
6. MAILING ADDRESS Contact Name EDWARD O. FERI		BILITY COMPANY AND	ONAME OR TITLE OF CONTACT  Contact Title  MANAGER	PERSON:	ľ	
Street Address 225 GREENSLITT AVENUE			City: PAWTUCKET	State RI	<i>Zip</i> 02861	
7. NAME AND ADDR	ESS OF EACH MAN. FILL IN	AGER OF THE LIMITEI SPACES BEFORE USIN	D LIABILITY COMPANY, IF APP NG ATTACHMENTS ("X" BOX FO	LICABLE - DO NOT DR ATTACHMENT)	LIST MEMBERS	
Manager Name EDWARD O. FERLAND			Manager Name	Manager Name		
Street Address 225 GREENSLITT AVENUE			Street Address	Street Address		
CH): PAWTUCKET	State RI	<i>Ζψ</i> <b>02861</b>	City	State	Zip	
Manager Name			Manager Name	Mantager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is cur		Office of the Secretary of	of State. Changes require filing of F	Form 642 - R.I.G.L. 7-1	6-11	

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

127119

 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.

- UNNO COLL

Signature of Authorized Person

Print or Type Name of Authorized Person