

A. Ralph Mollis, Secretary of State Corporations Dursion 148 W. River Street Providence, Rt 02004-2615 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. 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. 484354	2 Exact name of the II D&E Holdings, L	ct name of the limited liability company Holdings, LLC				
3. State of Formation Rhode Island A. Brief description of the character of the highest Real estate holding			isuiess which is actually conducted in Rhode Island			
5. Principal office address 23 Red Brook Crossing			City Lincoln	Nate RI	Ζφ 02865	
6. MAILING AD Contact Name Vladimir Suslo		BILITY COMPANY AN	ID NAME OR TITLE OF CONT. Contact Title	ACT PERSON:	'	
Street Address 23 Red Brook Crossing			City Lincoln	State RI	Zip 02865	
	ADDRESS OF EACH MAI FILL I	NAGER OF THE LIMIT N SPACES BEFORE US	ED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO NOT</u> X FOR ATTACHMENT)	<u>r list members</u>]	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	GENT IN RHODE ISLAN: is currently of record in the		i i		l	
ino mormation	is currently of record in th	e Office of the Secretary	of State. Changes require filing	of 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).

484354

File Date	10-15-09
Check No.	129
Ву:	mnc
F	OR 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.

Signature of Authorized Parent

Vladimir Suslovich, Trustee

Print or Type Name of Authorized Person