

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 YEA

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 (bec)) is subject to a penalty fee of \$25.00.

146405		perties, L				
3. State of Formation RL	4. Brief descripti	on of the character of the 1. hase, sale,	rusiness which is actually conducted in rental and lea	in Rhode Island 15ing of real es	state	
46 Tamarack Circle			North King	istown RI	02852	
Contact Name Ha	rold A. Deld		Comact Title Me	Member		
Street Address 46 Tamarack Circle			North Ki	ingstown RI	<sup>Xip</sup> 0 2852	
7. NAME AND ADD		GER OF THE LIMITI SPACES BEFORE US	ED LIABILITY COMPANY, IF ING ATTACHMENTS ("X" BO	APPLICABLE - DO NOT OX FOR ATTACHMENT)	LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	Сііу	State	Zip	
Manager Namo			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Сцу	State	Zip	City	State	$Z\psi$	
	NT IN RHODE ISLAND currently of record in the	Office of the Secretary	of State. Changes require filing	l g of Form 642 - R.I.G.L. 7-10	<b>I</b> 6-11	

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

File Date	10-15-09
Check No.	296
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.