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&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
160173	112 Douglas Avenue Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Real Estate

5. Principal office address	City	State	Zip
143 Smithfield Road	North Providence	RI	02904

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Azarig Kooloian	Manager

Street Address	City	State	Zip
143 Smithfield Road	North Providence	RI	02904

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>
FILL IN SPACES BEFORE USING ATTACHMENTS   ("X" BOX FOR ATTACHMENT)   ☐

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	

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

2009 OCT 15 PH 3: 40
RECEIVED SECRETARY OF STATE CORPORATIONS DIV

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

■ 160173 ■

FILED	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.
File Date **OCT 1 5 2009**	
Check No. **By** 151/01 363	Signature of Authorized Person Date 10/15/09
By:	**Azarig Kooloian**
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form 632 Rev. 08/08