

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

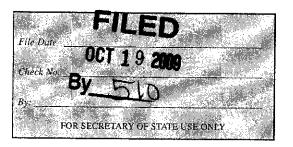
Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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. 118358	2. Exact name of the li	t name of the limited liability company EY LLC				
3. State of Formation 4. Brief description of the character of the business ACQUIRE OPERATE DEVELOP II			isiness which is actually conducted in Rhoo OP IMPROVE SELL LEASE (s which is actually conducted in Rhode Island MPROVE SELL LEASE OR DISPOSE OF REAL PROPERTY		
5. Principal office address 11 PECK STREET			PROVIDENCE	State RI	z _{ip} 02903	
6. MAILING ADDRES Contact Name THERESA MORRI		BILITY COMPANY ANI	NAME OR FITLE OF CONTACT Contact Title	PERSON:		
Street Address 11 PECK STREET			City PROVIDENCE	State RI	21p 02903	
7. NAME AND ADDR	ESS OF EACH MAI	NAGER OF THE LIMITE IN SPACES BEFORE USE	D LIABILITY COMPANY, IF APPING ATTACHMENTS ("X" BOX FO	LICABLE - <u>DO NOT</u> OR ATTACHMENT)	LIST MEMBERS	
Manager Name THERESA MORRIS			Manager Name	Manager Name		
Street Address 11 PECK STREET			Street Address	Street Address		
PROVIDENCE	State RI	<i>Ztp</i> 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is curr			of State. Changes require filing of Fo	orm 642 - R.I.G.L. 7-16	6-11	

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

118358



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.

Mensa Morris 10-9-00 Signature of Authorized Person Date

Print or Type Name of Authorized Person

Form 632 Rev. 08/08