RI SOS Filing Number: 200952633440 Date: 10/19/2009 4:00 PM

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
155266	1109 CHARLES STREET, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	TO ENGAGE IN ANY BUSINESS PERMITTED LLC'S UNDER THE ACT

5. Principal office address	City	State	Zip
22 Titicus Mountain Road	New Fairfield	CT	06812

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

Contact Name	Contact Title
Gregg Pierleoni	

Street Address	City	State	Zip
22 Titicus Mountain Road	New Fairfield	CT	06812

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

Manager Name	Street Address	City	State	Zip
Gregg Pierleoni	22 Titicus Mountain Road	New Fairfield	CT	06812

Manager Name	Street Address	City	State	Zip

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

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

155266

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 Person *Date*

Gregg Pierleoni
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 19 2009
By: By 1166
FOR SECRETARY OF STATE USE ONLY

39260-13-439645

Form 632 Rev. 08/08