

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.

(1C.1.G.E. 7-10-00 [001))	is subject to a penalty jee by \$25.					
1, ID No. 148312	2. Exact name of the limited Atwells Revival A, L	t name of the limited liability company Ils Revival A, LLC				
3. State of Formation 4. Brief description of the character of the b TO OWN, OPERATE, FINANCE			usiness which is actually conducted in Rhode Island CE, ACQUIRE, SELL AND MAINTAIN REAL ESTATE			
5. Principal office address 296 George Washington Highway			Gity Smithfield	State Rhode Island	^{Zip} 02917	
6. MAILING ADDRI Contact Name Richard J. Conti	ess of limited labil	ITY COMPANY AI	ND NAME OR TITLE OF CONTAC Contact Title Member	IT PERSON:		
Street Address 296 George Washington Highway			Smithfield	State Rhode Island	Zip 02917	
7. NAME AND ADD			ED LIABILITY COMPANY, IF AI SING ATTACHMENTS ("X" BOX		TMEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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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

10-5-09

Richard J. Conti

Print or Type Name of Authorized Person