

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

1. ID No.	2. Exact name of the limited liability company					
112540	Płane View Associates, LLC					
3. State of Formation Rhode Island 4. Brief description of the character of the husiness whice Real Estate Development			h is actually conducted in Rhode Island			
5. Principal office address 25 Clorane Street				Ctty Warwick	State RI	<i>Zip</i> 02886
Contact Name				OR TITLE OF CONTACT PERSON: Contact Title Member		
Street Address 25 Clorane Street				City Warwick	State RI	<i>Zip</i> 02886
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				Manager Name		
Street Address				Street Address		
City		State	Zip	Сің	State	Zip
Manager Name				Manager Name		
Street Address				Streel Address		
City		State	Zip	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).

112540

 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

10-12-7008

Signature of Authorized Person

Edward W. Cerio, Jr.

Print or Type Name of Authorized Person