

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

iling 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. 2. Exact name of the limited liability company 1 II No. 152873 Larina Partners, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Own real estate Rhode Island 5. Principal office address State Zib 29 Breakwater Lane North Kingstown RI 02852 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Lawrence L. Ackmann Street Address City State Zip29 Breakwater Lane North Kingstown RI 02852 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 Lawrence L. Ackmann Street Address Street Address same as above City State Zit) CttyState ZipManager Name Manager Name Street Address Street Address City Zip State CitvState Zip8. 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).

152873

File Date	10-19-09
Check No	11077
Ву:	mnc

Juder penalty of perjury, I declare and affirm that I have examined this repor
ncluding any accompanying schedules and statements, and that all statement
contained herein are true and correct

Signature of Authorized Person

Date

10-14-09

Lawrence L. Ackmann