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		
130682	AFIRST LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	To invest in, Develop and or manage real property		
5. Principal office address	City	State	Zip
549 Branch Avenue	Providence	Rhode Island	02904

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

Contact Name	Contact Title		
Stephen P. Puleo			
Street Address	City	State	Zip
5 King Phillip Road	Lincoln	Rhode Island	02904

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		
Stephen P. Puleo	Frederick V. DeAugustinis		
Street Address	Street Address		
5 King Phillip Road	1 Stephanie Drive		
City / State / Zip	City	State	Zip
Lincoln / Rhode Island / 02865	North Providence	RHode Island	02904
Manager Name	Manager Name		
Street Address	Street 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

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SECRETARY OF STATE
CORPORATIONS DIV
2009 OCT 20 PM 2:06

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

130682

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* 10/19/09

Stephen P. Puleo
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 20 2009
By:	BY 101736

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08