



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.<br>92509   |             | 2. Exact name of the limited liability company<br>123 Associates, LLC  |             |              |     |
| 3. State of Formation<br>Rhode Island  |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Own, develop, lease, deal in real estate. |             |              |     |
| 5. Principal office address<br>187 North Main Street, PO Box 1384  |             | City<br>Providence   | State<br>RI | Zip<br>02901 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |             |  |             |              |     |
| Contact Name<br>Arnold Kaufman   |             | Contact Title<br>Manager   |             |              |     |
| Street Address<br>187 North Main Street, PO Box 1384   |             | City<br>Providence   | State<br>RI | Zip<br>02901 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |             |  |             |              |     |
| Manager Name<br>Arnold Kaufman   |             | Manager Name   |             |              |     |
| Street Address<br>187 North Main Street, PO Box 1384   |             | Street Address   |             |              |     |
| City<br>Providence   | State<br>RI | Zip<br>02901   | City        | State        | Zip |
| 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   |             |  |             |              |     |

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

92509

File Date **FILED**  
Check **OCT 21 2009**  
By **1294**  
FOR SECRETARY OF STATE USE ONLY

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.

*Arnold Kaufman* 10/19/09  
Signature of Authorized Person Date  
Arnold Kaufman  
Print or Type Name of Authorized Person