RI SOS Filing Number: 200953267130 Date: 10/23/2009 4:00 PM

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
420200	Brady Sullivan Developer, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	To engage in real estate development

5. Principal office address	City	State	Zip
670 N. Commercial Street, Suite 303	Manchester	NH	03101

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

Contact Name	Contact Title
Shane D. Brady	Manager

Street Address	City	State	Zip
670 N. Commercial Street, Suite 303	Manchester	NH	03101

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	Street Address	City	State	Zip
Shane D. Brady	670 N. Commercial Street, Suite 303	Manchester	NH	03101
Arthur W. Sullivan	670 N. Commercial Street, Suite 303	Manchester	NH	03101
Christopher J. Starr	90 Concord Avenue	Belmont	MA	02478

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

RECEIVED
2009 OCT 23 AM 11:39
SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] 420200 [redacted]

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.

10-14-09
Signature of Authorized Person *Date*

[redacted] Shane D. Brady, Manager
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 23 2009
By: By 102104
FOR SECRETARY OF STATE USE ONLY

39522-1-445316

Form 632 Rev. 08/08