

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.

th 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&e)) is subject to a penalty fee of \$25.00.

/ /// No. 000156742		t name of the limited hability company IARD REAL ESTATE DEVELOPMENT, LLC				
; State of Formation I. Brief description of the character of the Inisiness it REAL ESTATE			husiness which is actually conducted in Rh	buch is actually conducted in Rhode Island		
5 Principal office address 25 STARLINE WAY #10			CH/I) CRANSTON	State RI	2φ 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM contact Name WALTER RICHARD			D NAME OR TITLE OF CONTAC Gontact Title MEMBER	Contact Title		
Since Address 25 STARLINE WAY #10			CRANSTON	RI State	Σψ 02921	
T. NAME AND ADD			ED LIABILITY COMPANY, IF AP SING ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NO</u> T		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
1.47	State	Zip	CH ₁	State	Zip	
Manager Name			Manager Nanie	Manager Name		
Mreet Address			Street Address	Street Address		
C. (1)	State	Zip	City	State	Ziţ)	
· ·	l NT IN RHODE ISLAND currently of record in the	I Office of the Secretar	: y of State. Changes require filing of	I 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).

000156742

File Date FILED	_
Check No. OCT 2 3 2009	-
By OK SECRETARIO OF STATE USE ONLY	-

Under penalty of perjury, I declare and	affirm that I have examined this report.
ncluding any accompanying schedules	and statements, and that all statements
contained herein are true and correct	/

Signature of Authorized Person

Date

18-30-09

WALTER RICHARD

Print or Type Name of Authorized Person