

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. 160845	2. Exact name of the lim GRARRY LLC	t name of the limited liability company RRY LLC				
3. State of Formation RHODE ISLAND	4. Brief descrip OWNERS	4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF REAL ESTATE				
5. Principal office address 6 Blackstone Valley Place, Suite 206			City Lincoln	State RI	<i>Zip</i> 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Joseph Raheb Street Address			ND NAME OR TITLE OF CONT Contact Title Attorney	ME OR TITLE OF CONTACT PERSON: Contact Title		
650 Washington Hwy.			<i>City</i> Lincoln	State RI	<i>z</i> ф 02865	
7. NAME AND ADDR	ESS OF EACH MAN FILL IN	AGER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF SING ATTACHMENTS ("X" BO	APPLICABLE - DO NO	<u>T LIST MEMBERS</u>	
Manager Name			Manager Name	· -		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			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).

160845

File Date FILED	
Check (ACT 2 3 2009	
By 3424	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affin	and that I have a second a last
including any accompanying schedules and	statements, and that all statement
contained herein are true and correct.	•
 XI POKKO	9/3/09
 Signature of Authorized Person	Date /
Print or Type Name of Authorized Person	