



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

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. 138735		2. Exact name of the limited liability company OLD MILL LANE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address P.O. BOX 509		City PLYMOUTH	State NH
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name BRENDA LYONS		City PLYMOUTH	State NH
Street Address P.O. BOX 509		City PLYMOUTH	State NH
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) <input type="checkbox"/>		Zip 03264	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name IGLIOZZI & REIS, LLP		Address 926 PARK AVENUE	
City CRANSTON		Zip 02910	

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

138735

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.

File Date	<u>10-27-09</u>
Check No.	<u>6223</u>
By:	<u>MME</u>
FOR SECRETARY OF STATE USE ONLY	

Brenda A. Lyons OCT 16, 2009
Signature of Authorized Person Date
BRENDA A. LYONS
Print or Type Name of Authorized Person