



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. 155940		2. Exact name of the limited liability company 6 Guys Properties, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, developing, owning, leasing, mortgaging, operating and disposing of real estate.	
5. Principal office address 147 The Knoll		City Syosset	State NY
		Zip 11791	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Arthur J. Cardente		Contact Title Member	
Street Address P.O. Box 1015		City North Kingstown	State RI
		Zip 02852	
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"/>			
Manager Name Arthur J. Cardente		Manager Name	
Street Address P.O. Box 1015		Street Address	
City North Kingstown,	State RI	Zip 02852	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Paul DeMarco , Esq.		Address	
Address 1350 Division Road, Suite 102		City West Warwick	Zip 02893

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

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.

Signature of Authorized Person

9-8-09

Date

Arthur J. Cardente

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 27 2009
By:	By 1055
FOR SECRETARY OF STATE USE ONLY	