



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. 150928		2. Exact name of the limited liability company XRA INVESTORS, 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 INVESTMENT			
5. Principal office address 6725 POST ROAD		City NO. KINGSTOWN	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PHILIP LYNCH			Contact Title EXECUTIVE DIRECTOR		
Street Address 6725 POST ROAD		City NO. 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 JERROLD R. ROBBINS, M.D.			Manager Name		
Street Address 6725 POST ROAD			Street Address		
City NO. 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 CYNTHIA J. WARREN, ESQ.			Address CAMERON & MITTLEMAN LLP		
Address 301 PROMENADE STREET			City PROVIDENCE	Zip 02908	

FILED

OCT 29 2009

By 102563 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

150928

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 OCT 29 AM 11:07

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 Date 10/26/09

JERROLD R. ROBBINS, M.D., MANAGER

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY