Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

1. ID No.	2. Exac	RINTED IN BLACE that the limit	ted liabilty company				
86534		CA PROPERTIES, L.L.C.					
3. State of Formatio	п	4. Brief descripti	on of the character of th	e business which is actually conduc	ted in Rhode Island		
RHODE ISLA	N D	ACQUIRING,	DEVELOPING, LE	EASING, AND DEALING IN	1 REAL PROPERTY		
5 Principal office address			City	State	Zip		
21 CLIPPER CIRCLE			WAKEFIELD	RI	02879		
6. MAILING A	DDRESS (OF LIMITED I	LIABILITY COMP	ANY AND NAME OR TITL	E OF CONTACT P	PERSON:	
Contact Name	TOTAND T	TIDDO		Contact Title			
STEPHEN J DIGIANFILIPPO			City	State	Zip		
Street Address 50 PARK ROW WEST SUITE 111			. PROVIDENCE	RI	02903-		
			ANACER OF THE	LIMITED LIABILITY CO	MPANY. IF APPL	ICABLE	
7. NAME AND		FILL IN SP	ACES BEFORE USIN	G ATTACHMENTS ("X" BO	X FOR ATTACHMENT,) L .	
	ANY N	MODIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMEN	T. R.I.G.L 7-16-12 (a) ((2) / 7-16-52	
Manager Name			• Manager Name	e			
Thomas P. Tasca				Martha Flynn Tasca			
Sireet Address				Street Address			
21 Clipper	Circle			.21 Clipper C		12	
C i/(v		State	Zip	*City	State R I	Zip 02879	
Wakefield	<i></i> .	RI	02879	Wakefield			
Manager Name				•Manager Name			
Street Address				Street Address		**************************************	
orce manual			·	•			
Chr		State	Zip	City	State	Zip	
					 	. 71611	
	GENT IN I	RHODE ISLAN	D -DO NOT ALTER- C	Changes require filing o	7 FORM 042 - K.I.G.	L. /-10-11	
Igent Name	D. O. A. N. E.				WEST SHITE 1	00	
STEPHEN J. DIGIANFILIPPO, ESQ.					50 PARK ROW WEST, SUITE 100 City Zip		
Address						00000	
VIEIRA & DIGIANFILIPPO LTD.				PROVIDENCE		1 "	
						2009 OCT	
						3 0	
						*	
This count me	est he vian .	ed in ink by o	n authorized verso	n pursuant to 7-16-66.		တ္ ို့ ဗြ	
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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.

10-30-0 FOR SECRETARY OF STATE USE ONLY

Thomas P. Tasca, Manager

Print or Type Name of Authorized Person