RI SOS Filing Number: 200953650770 Date: 10/30/2009 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
134629	Stevens-Tilley Properties, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Real Estate Management

5. Principal office address	City	State	Zip
1049 Main Street	Coventry	RI	02816

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
STEPHEN J DIGIANFILLIPPO	

Street Address	City	State	Zip
50 PARK ROW WEST, SUITE 111	PROVIDENCE	RI	02903-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Peter W. Stevens	1000 Green Hill Beach Road	South Kingstown	RI	02879
Amey E. Tilley	33 Dion Avenue	Coventry	RI	02816

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111	PROVIDENCE	02903-

2009 OCT 30 AM 8:38

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 1 3 4 6 2 9 [redacted]

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.

Peter W. Stevens 9/28/09
Signature of Authorized Person *Date*

Peter W. Stevens, Manager
Print or Type Name of Authorized Person

[redacted]

File Date 10-30-09
Check No. 247
By: MNC
39777-46-448041
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02