RI SOS Filing Number: 200953654110 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
131937	LACROIX FAMILY PROPERTIES, L.L.C.

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
15 WARREN AVENUE	CUMBERLAND	RI	02864-

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

Contact Name	Contact Title
STEPHEN J DIGIANFILIPPO	

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	Manager Name
Donald J. Lacroix	Jacqueline P. Lacroix
Street Address	Street Address
15 Warren Avenue	15 Warren Avenue
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864
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	Address
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111
Address	City / Zip
VIEIRA & DiGIANFILIPPO LTD.	PROVIDENCE / 02903-

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION

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

1 3 1 9 3 7

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.

Donald J Lacroix Manager 10/29/09
Signature of Authorized Person *Date*

Donald J. Lacroix, Manager
Print or Type Name of Authorized Person

File Date 10-30-09
Check No. 1214
By: mnc
FOR SECRETARY OF STATE USE ONLY
39777-66-448021

Form 632 Rev. 6-02