

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° - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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. 185836	LIPPETT LAND	t name of the limited liability company ETT LAND INVESTMENTS LLC				
3. State of Formation 4. Brief description of the character of the busines. REAL ESTATE INVESTMENT			usiness which is actually conducted in Rh	oode Island		
5. Principal office address 75 LAMBERT LIND HIGHWAY			WARWICK	State RI	^{Zip} 02886	
6. MAILING ADDI Contact Name RONALD R.S. F		ABILITY COMPANY AN	D NAME OR TITLE OF CONTAC Contact Title MEMBER	CT PERSON:		
Street Address 75 LAMBERT LIND HIGHWAY			City WARWICK	State RI	^{Zip} 02886	
7. NAME AND AD	DRESS OF EACH MA	ANAGER OF THE LIMIT IN SPACES BEFORE US	ED LIABILITY COMPANY, IF AI ING ATTACHMENTS ("X" BOX	PPLICABLE - DO NOT	<u>r list members</u>]	
Manager Name			Manager Name	•		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	***************************************		Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AG This information is	ENT IN RHODE ISLA	the Office of the Secretar	y of State. Changes require filing of	of Form 642 - R.I.G.L. 7-	-16-11	

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

485836

File Date	11-06-09
Check No.	
Ву:	mnc
	FOR SECRETARY OF STATE USE ONLY

	Under penalty of perjury, I declare and affir	m that I have examined this report
_	including any accompanying schedules and	statements, and that all statements
$\int \int$	contained herein are true and correct.	
Z-	1 / Wice	10/18/09
	Signature of Authorized Person	Date
	Ronald Picerne	
	Print or Type Name of Authorized Person	
		Form 632 Rev. 08/08