

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

State of Formation A. Brief description of the character of the basiness which is actually conducted in Rhade Island Real Estate.	1. ID No. 117429	2. Exact name of the li Post Office A	mited liability company ssociates, LLC			
One Wellington Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Constant Name Leonard P. Gemma Street Address One Wellington Road 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DON FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ["X" BOX FOR ATTACHMENT] ["X" BOX FOR ATTAC				the business which is actually con	ducted in Rhode Island	
Contact Name Leonard P. Gemma Street Address One Wellington Road 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO N FILL IN SPACES BEFORE USING ATTACHMENTS Manager Name Street Address Street Ad	One Wellington	n Road		Lincoln	RI	2 <i>ip</i> 02865
One Wellington Road 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DON FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ["Manager Name"] Manager Name Street Address City State Manager Name Manager Name Manager Name Street Address City State City State City State Manager Name Street Address Street Address City State City State This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-66 (b). Which is information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-66 (b). This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Under penalty of berjury, declare and affirm the including any accompanying schedules and state contained herein are true and correct. Signature of Authorized Person Signature of Authorized Person	Contact Name		BILITY COMPANY AN	Contact Title	ACT PERSON:	
### FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address				,	•	^{Zip} 02865
Manager Name Manager Name Street Address City State Zip City State 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7- FILED NOV 1 2 2009 By 10365 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Under penalty of perjury, I declare and affirm to including any accompanying schedules and state contained herein are true and correct. File Date Check No. Signature of Authorized Person		ESS OF EACH MANA FILL IN SPACE	GER OF THE LIMITE ES BEFORE USING AT	TACHMENTS ("X" BOX F		<u>LISTMEMBERS</u>
Manager Name Street Address City State Zip City State Street Address Street Address City State State Street Address City State State State City State State NOV 1 2 2009 NOV 1 2 2009 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Under penalty of perjury, I declare and affirm to including any accompanying schedules and state contained herein are type and correct. File Date Check No. Signature of Authorized Person	Street Address			Street Address		
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By: FOR SECRETARY OF STATE USE ONLY	Check No.			Signature of Anthorized	1 Person D	sept 14 C7