

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

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.

139083 SANDERSON ASSOCIATES, LLC  3. Name of Formation Rhode Island  5. Principal office address  4.1 Brief description of the character of the business which is actually conducted in Rhode Island  5. Principal office address  4.1 SANDERSON ROAD  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Table  Joseph Moniz  Street Address  4.1 SANDERSON ROAD  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)	1. ID No.								
Rhode Island  Frequency Street Address  Real ESTATE HOLDING COMPANY  Street Address  All SANDERSON ROAD  Sirvet Address  All SANDERSON ROAD  To Name and address of Each Manager Name  Street Address  City  Manager Name  Manager Name  Manager Name  Street Address  City  Manager Name  Street Address  City  Manager Name  Street Address  City  Manager Name  Manager Name  Manager Name  Street Address  City  Manager Name  Manager Name  Manager Name  Street Address  City  Manager Name  Manager N		2. Exact name of the limited hability company SANDERSON ASSOCIATES, LLC							
5. Principal effice widness 41 SANDERSON ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTROL PERSON: Cuntual Name  Joseph Moniz  Street Address  All Desph Moniz  Street Address  City  State  Zip  O2917  Agent Name  MEMBER  City  State  Zip  O2917  Address  City  State  Zip  O2917  Address  City  State  Zip  City  State  City  City  City  City  City  Ci	3. State of Formation 4. Brief description of the character of the business whic				b is actually conducted in Rhode Island				
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627 Putnam Pike Greenville, RI 02828							_		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date 11-17-09
Check No. 2475
By: MMC
FOR SECRETARY OF STATE USE ONLY

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.

Richard Ryter

Print or Type Name of Authorized Person