

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.I. 7-16-66 (here)) is subject to a penalty fee of \$25,00.

T. ID No. <b>276037</b>	2. Exact name of the limite Highland CCC I, LI	i name of the limited liability company and CCC I, LLC				
State of Formation 4. Brief description of the character of the busin Real estate holding			iness which is actually conducted in Rho	ode Island		
5 Principal office address 1300 Highland Corporate Drive, Suite 202			City Cumberland	State RI	7.ip 02864	
6. MAILING ADD Contact Name Scott A. Gibbs	RESS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTACT  Contact Title	T PERSON:		
Street Address 1300 Highland Corporate Drive, Suite 202			cuy Cumberland	State RI	7.ip 02864	
	•		:		<b>I</b>	
7. NAME AND AD	DDRESS OF EACH MANA		: LIABILITY COMPANY, IF AP	I PLICABLE - <u>DO NO</u> FOR ATTACHMENT)		
Manager Name	DDRESS OF EACH MANA	GER OF THE LIMITED SPACES BEFORE USIN	: LIABILITY COMPANY, IF AP			
Manager Name The Economic [ Street Address	DDRESS OF EACH MANA FILL IN	GER OF THE LIMITED SPACES BEFORE USING ON OF RI, Inc.	E TO COMPANY, IF AP G ATTACHMENTS ("X" BOX F			
Manager Name The Economic I Street Address 1300 Highland (	DORESS OF EACH MANA FILL IN  Development Foundati  Corporate Drive, Suite	GER OF THE LIMITED SPACES BEFORE USING On of RI, Inc.	D LIABILITY COMPANY, IF AP G ATTACHMENTS ("X" BOX F Manager Name			
Manager Name The Economic I Street Address 1300 Highland C Cuy Cumberland	DDRESS OF EACH MANA FILL IN Development Foundati Corporate Drive, Suite	GER OF THE LIMITED SPACES BEFORE USING ON OF RI, Inc.	D LIABILITY COMPANY, IF AP G ATTACHMENTS ("X" BOX F  Manager Name  Street Address	FOR ATTACHMENT)		
Manager Name The Economic [ Street Address	DORESS OF EACH MANA FILL IN  Development Foundati  Corporate Drive, Suite	GER OF THE LIMITED SPACES BEFORE USING On of RI, Inc.	D LIABILITY COMPANY, IF AP G ATTACHMENTS ("X" BOX F  Manager Name  Street Address  City	FOR ATTACHMENT)		

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

276037

 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.

Signature of Authorized Person

11/19/09

Scott A. Gibbs

Print or Type Name of Authorized Person