RI SOS Filing Number: 200955155200 Date: 11/23/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.	2. Exact name of the limited liability company
160663	Montgomery and Dunham Streets, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MA	Real Estate

5. Principal office address	City	State	Zip
314 Reservoir Street	North Attleboro	MA	02760

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

Contact Name	Contact Title
Leo F. Choiniere	Manager

Street Address	City	State	Zip
314 Reservoir Street	North Attleboro	MA	02760

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) ☐

Manager Name	Street Address	City	State	Zip
Leo F. Choiniere	376 Newport Avenue	North Attleboro	MA	02760

Manager Name	Street Address	City	State	Zip

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. 7-16-11

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

160663

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.

Leo F. Choiniere 11/20/09
Signature of Authorized Person *Date*

Leo F. Choiniere
Print or Type Name of Authorized Person

File Date 11-23-09
Check No. 4446
By: MNC
FOR SECRETARY OF STATE USE ONLY

40489-6-455924

Form 632 Rev. 08/08