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

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*
141276	WINNAPAUG DEVELOPMENT REALTY, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	Real Estate Ownership and Management

5. Principal office address	*City*	*State*	*Zip*
167 Shore Road	Westerly	RI	02891

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

Contact Name	*Contact Title*
ANTONIO DiMARCO	Member

Street Address	*City*	*State*	*Zip*
167 Shore Road	Westerly	RI	02891

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>
FILL IN SPACES BEFORE USING ATTACHMENTS   ("X" BOX FOR ATTACHMENT) ☐

Manager Name			*Manager Name*		
none			none		
Street Address			*Street Address*		
n/a			n/a		
City	*State*	*Zip*	*City*	*State*	*Zip*
n/a	n/a	n/a	n/a	n/a	n/a
Manager Name			*Manager Name*		
None			None		
Street Address			*Street Address*		
n/a			n/a		
City	*State*	*Zip*	*City*	*State*	*Zip*
n/a	n/a	n/a	n/a	n/a	n/a

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).

■ 141276   ■

FILED

File Date **NOV 2 4 2009**

Check No. *1300*

By

By:

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.

Signature of Authorized Person   11/23/09   *Date*

Antonio DiMarco

Print or Type Name of Authorized Person

Form 632 Rev. 08/08