

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. 80003		mited liability company Associates, LLC							
3. State of Formation Rhode Island	4. Brief descr Realty	iption of the character of the bi	usiness which is actually conducted in Rh	ode Island					
5. Principal office address 603 Park Avenue			City Woonsocket	Woonsocket RI 02905					
Kate L. Mitson	S OF LIMITED LLA	BILITY COMPANY ANI	AME OR TITLE OF CONTACT PERSON: Contact Title Manager						
Street Address 603 Park Avenue	State of Formation hode Island Principal office address 03 Park Avenue MAILING ADDRESS OF LIMITED LIABILITY COMPANY Antact Name ate L. Mitson Pel Address 13 Park Avenue NAME AND ADDRESS OF EACH MANAGER OF THE LIMI FILL IN SPACES BEFORE U mager Name te L. Mitson Pel Address 3 Park Avenue State Oonsocket Ponsocket Pager Name Pel Address RI Pager Name Pel Address		City Woonsocket	State RI	2ip 02895				
E ESEMBARELAGIA EL RELIGIO	ESS OF EACH MAR FILL I	NAGER OF THE LIMITE N SPACES BEFORE USI	D LIABILITY COMPANY, IF AP NG ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NO</u> S OR ATTACHMENT)	LIST MEVBERS				
Manager Name Kate L. Mitson			Manager Name	Manager Name					
Street Address 603 Park Avenue			Street Address						
City Woonsocket	Į.	1 -	City	State	Zip				
Manager Name		***************************************	Manager Name	Manager Name					
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT This information is curr			of State. Changes require filing of I	Form 642 - R.I.G.L. 7-1	6-11				

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

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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

Kate L. Mitson

Print or Type Name of Authorized Person