

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

3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, LEASE, MORTGAGE, OPERATE, SELL AND OTHERWISE 5. Principal office address 5. OF TINCIPAL OFFICE AND SEAL ESTATE 5. Principal office address 5. OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name NORMAN G ORODENKER Street Address 10 WEYBOSSET STREET 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 4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, LEASE, MORTGAGE, OPERATE, SELL AND OTHERWISE 2tp PAWTUCKET RI 2tp O2861 Contact Title Street Address 10 WEYBOSSET STREET PROVIDENCE RI 02903 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	1. ID No.	2. Exact name of the limited					
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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	FILED	10:09		Under penalty of perjury, I declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all states contained herein are true and correct.		
Check No	JAN 1.3 2010			Signature of Authorized Person Date		
Ву:	FOR SECRETARY OF STATE USE ONLY			JONATHAN D. FAIN		
	TOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person		