



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

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. 319865		2. Exact name of the limited liability company SLMSA Associates, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island acquire, own, hold, sell, lease, develop, manage and otherwise deal with real property			
5. Principal office address 324 Angell Street		City Providence	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven J. Peiser		Contact Title Manager			
Street Address 324 Angell Street		City Providence	State RI	Zip 02906	
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) <input type="checkbox"/>					
Manager Name Steven J. Peiser		Manager Name			
Street Address 324 Angell Street		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Kathleen A. Ryan, Esq			Address 180 South Main Street		
Address PARTRIDGE SNOW & HAHN LLP			City Providence	Zip 02903-07120	

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2010 JAN 14 AM 9:21

FILED

File Date	JAN 14 2010
Check No.	By DS 9:21
By:	108231
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 Date 1/5/10

STEVEN J. PEISER

Print or Type Name of Authorized Person