



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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. <b>97447</b>		2. Exact name of the limited liability company <b>Rwinsalate, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Purchase, hold and sell property.</b>			
5. Principal office address <b>c/o Winograd, Shine &amp; Zacks, 123 Dyer Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Richard J. Land</b>			Contact Title <b>Manager</b>		
Street Address <b>123 Dyer Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Richard J. Land</b>			Manager Name <b>Theodore M. Winston</b>		
Street Address <b>123 Dyer Street</b>			Street Address <b>401 Middlebridge Road</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Manager Name <b>Laurie B. Winston</b>			Manager Name		
Street Address <b>467 Main Street</b>			Street Address		
City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>	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).

97447

<b>FILED</b>	
File Date	<b>FEB 19 2010</b>
Check No.	
By: <b>DS</b>	
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

**Richard J. Land, Esq.**

Print or Type Name of Authorized Person

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