



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.<br>97447  |             | 2. Exact name of the limited liability company<br>Rwinsalate, LLC  |   |             |              |
| 3. State of Formation<br>Rhode Island   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Purchase, hold and sell property. |   |             |              |
| 5. Principal office address<br>c/o Winograd, Shine & Zacks, 123 Dyer Street   |             |  | City<br>Providence                      | State<br>RI | Zip<br>02903 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |  |   |             |              |
| Contact Name<br>Richard J. Land   |             |  | Contact Title<br>Manager                |             |              |
| Street Address<br>123 Dyer Street   |             |  | City<br>Providence                      | State<br>RI | Zip<br>02903 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |  |   |             |              |
| Manager Name<br>Richard J. Land   |             |  | Manager Name<br>Theodore M. Winston     |             |              |
| Street Address<br>123 Dyer Street   |             |  | Street Address<br>401 Middlebridge Road |             |              |
| City<br>Providence  | State<br>RI | Zip<br>02903   | City<br>Wakefield                       | State<br>RI | Zip<br>02879 |
| Manager Name<br>Laurie B. Winston   |             |  | Manager Name                            |             |              |
| Street Address<br>467 Main Street   |             |  | Street Address                          |             |              |
| City<br>Old Saybrook  | State<br>CT | Zip<br>06475   | City                                    | State       | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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).

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SECRETARY OF STATE  
CORPORATIONS DIV  
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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.

**FILED**  
File Date FEB 19 2010  
Check No. \_\_\_\_\_  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature] 2/18/10  
Signature of Authorized Person Date  
Richard J. Land, Esq.  
Print or Type Name of Authorized Person