

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

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. 1D No.	2. Exact name of the limit Gardner Real Est					
3 State of Formation Delaware	4. Brief descript Owns and	4. Brief description of the character of the business which is actually conducted in Rhode Island Owns and Manages Real Estate in Rhode Island				
5. Principal office address 16 Oak Tree Drive			City Milford	State MA	Ζφ 01757	
6. MAILING ADDR Contact Name Marc Mann	ESS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTACT TITLE Contact Title Manager	ACT PERSON:	·	
Street Address 16 Oak Tree Drive			Gio Milford	State MA	Zip 01757	
7. NAME AND ADI	ORESS OF EACH MANA FILL IN	GER OF THE LIMITEI SPACES BEFORE USIN	D LIABILITY COMPANY, IF A	APPLICABLE - <u>DO NOT</u> X FOR ATTACHMENT)	LIST MEMBERS	
Manager Name Marc Mann			Manager Name	Manager Name		
Street Address 16 Oak Tree Drive			Street Address	Street Address		
$Cit_{\mathcal{V}}$	State	Zip	City	State	Zip	
Milford	MA	01757				
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
Clip	State	Zip	City	State	Zip	
	NT IN RHODE ISLAND currently of record in the	Office of the Secretary of	of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	l 6-11	

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

13252

File Date	2-22-2010
Check No.	A 1137 P 2890
Ву:	mnc
•	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

Marc Mann

Print or Type Name of Authorized Person