



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 2008

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

1. ID No. <u>153616</u>		2. Exact name of the limited liability company <u>Providence Properties, LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate</u>	
5. Principal office address <u>10 Trappers Lane</u>		City <u>East Greenwich</u>	State <u>RI</u>
		Zip <u>02818</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>DAVID HAND</u>		Contact Title <u>V.P.</u>	
Street Address <u>10 Trappers Lane</u>		City <u>East Greenwich</u>	State <u>RI</u>
		Zip <u>02818</u>	
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 <u>[illegible]</u>		Manager Name <u>[illegible]</u>	
Street Address <u>[illegible]</u>		Street Address <u>[illegible]</u>	
City <u>[illegible]</u>	State <u>[illegible]</u>	City <u>[illegible]</u>	Zip <u>[illegible]</u>
Manager Name <u>[illegible]</u>		Manager Name <u>[illegible]</u>	
Street Address <u>[illegible]</u>		Street Address <u>[illegible]</u>	
City <u>[illegible]</u>	State <u>[illegible]</u>	City <u>[illegible]</u>	Zip <u>[illegible]</u>
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).

2010 MAR 24 AM 10:38

FILED

File Date	<u>MAR 24 2010</u>
Check No.	<u>By DS 114594</u>
By:	<u>[illegible]</u>
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.

David Hand 3-23-10
Signature of Authorized Person Date
DAVID HAND
Print or Type Name of Authorized Person