



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

1. ID No 156245		2. Exact name of the limited liability company 54 Troy Street Building Company, LLC					
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate					
5. Principal office address 683 Broadway				City Providence	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name				Contact Title Member			
Street Address PO BOX 40190				City Providence	State RI	Zip 02940	
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				Manager Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip	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).

2010 MAY 17 PM 1:43
CORPORATIONS DIV
STATE OF RHODE ISLAND

156245

FILED

File Date
Check No. MAY 17 2010
By: BY [Signature] 118360
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] Date _____
James Searles o/b/o Goldstar Commerical, LLC
Print or Type Name of Authorized Person