

A. Ralph Mollis, Secretary of State Corporations Division 1-48 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.

7. #2.No 1 56245		2. Exact name of the limited tiability company 54 Troy Street Building Company, LLC				
3. State of Formation RI	1. Brief descript Real Estate	1. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate				
5. Principal office add 683 Broadway	tress		Providence	State RI	Ζφ 02909	
5. MAILING ADD Contact Name	RESS OF LIMITED LIAB	ILITY COMPANY AN	O NAME OR TITLE OF CONTAC	CT PERSON:	'	
Street Address PO BOX 40190			Providence	State RI	Ζίρ 02940	
PO BOX 40190			Frovidence	1131	02940	
	DDRESS OF EACH MANA	GER OF THE LIMITE SPACES BEFORE USI	: ED LIABILITY COMPANY, IF AF	i		
7. NAME AND AD	DDRESS OF EACH MANA	AGER OF THE LIMITE SPACES BEFORE USI	: ED LIABILITY COMPANY, IF AF	 PPLICABLE - <u>DO NO</u>]		
7. NAME AND AE	DDRESS OF EACH MANA	AGER OF THE LIMITE SPACES BEFORE USI	: D LIABILITY COMPANY, IF AF NG ATTACHMENTS ("X" BOX :	 PPLICABLE - <u>DO NO</u>]		
7. NAME AND AD Manager Name Street Address	DDRESS OF EACH MANA	AGER OF THE LIMITE SPACES BEFORE USI	ED LIABILITY COMPANY, IF AF NG ATTACHMENTS ("X" BOX Manager Name	 PPLICABLE - <u>DO NO</u>]		
7. NAME AND AE Manager Name Street Address City	DDRESS OF EACH MANA FILL IN	SPACES BEFORE USI	ED LIABILITY COMPANY, IF AF NG ATTACHMENTS ("X" BOX Manager Name Street Address	PPLICABLE - <u>DO NO</u> T	C LIST MEMBERS	
	DDRESS OF EACH MANA FILL IN	SPACES BEFORE USI	ED LIABILITY COMPANY, IF AF NG ATTACHMENTS ("X" BOX Manager Name Street Address City	PPLICABLE - <u>DO NO</u> T	C LIST MEMBERS	

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

156245

File Date

Check No. MAY 17 2010

By: BY

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

James Searles o/b/o Goldstar Commerical, LLC

Print or Type Name of Authorized Person