

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 (bere)) is subject to a penalty fee of \$25,00.

1. ID No. 98339	1	name of the limited liability company Properties, LLC						
3. State of Formation A. Brief description of the character of the business Ownership and operation of real es								
5. Principal office address 1536 Westminster Street				City Providence	State RI	<i>Zip</i> 02909		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Mary C. Zurowski				D NAME OR TITLE OF CONTAC Contact Title Member	Contact Tille			
Street Address 1536 Westminster Street				City Providence	State RI	<i>z</i> _ф 02909		
7. NAME AND AD	DRESS OF			ED LIABILITY COMPANY, IF AF ING ATTACHMENTS ("X" BOX				
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
Gity		State	Zip	City	State	Ζψ		
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
City		State	Zip	City	State	Zip		
8. RESIDENT AGE This information is			ffice of the Secretar	y of State. Changes require filing o	f 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).

98339

File Date	7-30-2010
Check No	1049
Ву:	Minc
FOF	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.

MAN AT .

Mary C. Zurowski, Member

Print or Type Name of Authorized Person

Form 632 Rev. 08/08