



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. KUPP MOUS, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3046

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010**

**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. ID No. 139441	2. Exact name of the limited liability company 30 sheridan llc
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3. State of Formation ri	4. Description of the character of the business which is actually conducted in Rhode Island real estate
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5. Principal office address 3 anne drive	City lincoln	State ri	Zip 02865
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name ohn mongelli	Contact Title
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Street Address 3 anne drive	City lincoln	State ri	Zip 02865
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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)

Manager Name John mongelli	Manager Name
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Street Address 3 anne drive	Street Address
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City lincoln	State ri	Zip 02865	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2010 AUG 30 PM 12:11

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

139441

**FILED**  
 File Date AUG 30 2010  
 Check No. \_\_\_\_\_  
 By [Signature]  
 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 statement contained herein are true and correct.

[Signature] Date 8/30/10  
 Signature of Authorized Person

John Mongelli  
 Print or Type Name of Authorized Person