



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

A. KAPRANOS, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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)(7c) is subject to a penalty fee of \$25.00.

1. ID No. 374c16 139432	2. Exact name of the limited liability company mongelli land 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 John mongelli	Contact Title contact		

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	Street Address 3 anne drive	City lincoln	State ri	Zip 02865
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Manager Name	Street Address	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).

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

374c16

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.

File Date	FI
Check No.	AUG 30 2010
By:	DS
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person	Date
<i>[Signature]</i>	8/30/10
Print or Type Name of Authorized Person	