



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

A. KATHY MOUS, 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. 139432 2. Exact name of the limited liability company Mongelli Land llc

3. State of Formation RI 4. Description of the character of the business which is actually conducted in Rhode Island real estate

5. Principal office address
3 anne drive City lincoln State ri Zip 02865

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

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 <u>John mongelli</u>	Street Address <u>3 anne drive</u>	City <u>lincoln</u>	State <u>ri</u>	Zip <u>02865</u>
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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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SECRETARY OF STATE
CORPORATIONS DIV.

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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 8/30/10
Check No. AUG 30 2010
By: [Signature]
FOR SECRETARY OF STATE USE ONLY 12544

[Signature] Date 8/30/10
John mongelli
Print or Type Name of Authorized Person