

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 2010

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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.	2 Exact n	ct name of the limited liability company						
119585	B .	Holding, LLC						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	RHODE ISLAND Acquire, own, operate, manage, maintain, lease, develop and sell property							
5. Principal office address				City	State		Zip	
62 Airport Road				Westerly	RI		02891	
	SS OF LIN	MITED LIABILITY	COMPANY AND NAM	IE OR TITLE OF CONTACT I	PERSON:	'		
Contact Name				Contact Tule				
John Strafach, Jr.				Manager				
Street Address				City	State		Zip	
62 Airport Road				Westerly	R	ı	02891	
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				Manager Name				
Anthony Strafach				John Strafach, Jr.				
Street Address				Street Address				
93 Rowley Drive				26 Seabury Lane				
City	5	State	Zip	City	State		Zip	
Stonington		CT	06378	Westerly	RI		02891	
Manager Name				Manager Name				
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Street Address				Street Address				
ZP.								
City	3	State	Zip	City	State		Zip	
8. RESIDENT AGENT	IN RHO	DE ISLAND - DO N	 	e nagyina filipa of Form 6	42 PICL 7 1			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name				Address				
Andrew W. Davis								
Address				City		Zip		
101 Dyer Street				Providence	0290		3	
			7000.00	- • - • - • - • • • • • • • • • • • • •				

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

File Date SEP 10 2010 Check No. 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.

Ĵohn Strafach, Jr.

Print or Type Name of Authorized Person

of Authorized Person