



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

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 143209		2. Exact name of the limited liability company 142-146 GRANITE STREET LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE AND MANAGE REAL ESTATE	
5. Principal office address 142-146 GRANITE STREET		City WESTERLY	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE W. GLADSTONE		Contact Title	
Street Address 301 PROMENADE STREET		City PROVIDENCE	State RI
		Zip 02908	
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) <input type="checkbox"/>			
Manager Name STUART GREENFIELD		Manager Name	
Street Address 29 LAMBS WAY		Street Address	
City STONINGTON	State CT	City	State
Zip 06378		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRUCE W. GLADSTONE		Address	
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908

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RECEIVED
CORPORATIONS DIVISION
STATE OF RHODE ISLAND

SEP 10 2010

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

143209

29-126168

File Date _____
Check No. _____
By: _____
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.

Signature of Authorized Person Date **9/7/2010**
STUART GREENFIELD, MANAGER
Print or Type Name of Authorized Person