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.	2. Exact name of the limited liability company		
161107	Minot Ledge Development, LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
Rhode Island	commercial land and property development		
5. Principal office address	**City**	**State**	**Zip**
40 BYRON RANDALL ROAD	North Scituate	RI	02857

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
John Dell'Oro			
Street Address	**City**	**State**	**Zip**
40 BYRON RANDALL ROAD	North Scituate	RI	02857

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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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	Address	
Steven I. Rosenbaum, Esq.	30 Exchange Terrace	
Address	**City**	**Zip**
POORE & ROSENBAUM LLP	Providence	02903

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

161107

FILED

File Date _____

Check No. SEP 13 2010

By: BY 126315

FOR SECRETARY OF STATE USE ONLY

53055-16-538282

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* 9/3/10

John Dell'Oro

Print or Type Name of Authorized Person