

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* · 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&c)) is subject to a penalty fee of \$25.00.

1. ID No. 128496		t name of the limited liability company IE REALTY I, LLC				
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business TO ENGAGE IN THE BUSINESS		siness which is actually conducted in Rhoa SS OF REAL ESTATE DEVE	s which is actually conducted in Rhode Island OF REAL ESTATE DEVELOPMENT		
5. Principal office address 15 Dudley Drive			City Narragansett	State RI	2ip 02882	
6. MAILING ADDRES Contact Name Michael H. Bennet		ABILITY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title Member	PERSON:	•	
Street Address 15 Bassett Circle			City East Greenwich	State RI	<i>Хір</i> 02818	
7. NAME AND ADDR	ESS OF EACH MA	NAGER OF THE LIMITEI N SPACES BEFORE USIN	D LIABILITY COMPANY, IF APPI NG ATTACHMENTS ("X" BOX FO	LICABLE - <u>DO NO</u> DR ATTACHMENT) [
Manager Name Michael H. Bennett			Manager Name	Manager Name		
Street Address 15 Bassett Circle			Street Address	Street Address		
City	State	Zip	City	State	Zip	
East Greenwich	RI	02818		i		
Manager Name			Manager Name	••••••••••••••	·····	
Street Address			Street Address	Street Address		
Сііу	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is cur			f State. Changes require filing of F	I orm 642 - R.I.G.L. 7-	I 16-11	

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

128496

File Date	9-14-2010	
Check No.	339	-
Ву:	mnc	-
1	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

Michael H. Bennett

Print or Type Name of Authorized Person