



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\* • **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. 485803	2. Exact name of the limited liability company Woodsorrel, LLC
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3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island To hold investment properties
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5. Principal office address 71 Wilton Avenue	City Pawtucket	State RI	Zip 02861
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name Holly S. Senocak	Contact Title MEMBER

Street Address 71 Wilton Avenue	City Pawtucket	State RI	Zip 02861
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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 NONE	Manager Name None
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Street Address	Street Address
City	City
State	State
Zip	Zip

Manager Name None	Manager Name None
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Street Address	Street Address
City	City
State	State
Zip	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).

**485803**

File Date <b>FILED</b>
Check No. <b>SEP 20 2010</b>
By: <b>1055</b>
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 statement contained herein are true and correct.

*Holly S. Senocak* 9/12/10  
Signature of Authorized Person Date

**Holly S. Senocak**  
Print or Type Name of Authorized Person