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. 156549	*2. Exact name of the limited liability company* Woonsocket Bowling Center, LLC
3. State of Formation RHODE ISLAND	*4. Brief description of the character of the business which is actually conducted in Rhode Island* To acquire, own, operate, develop, lease and deal in real property and to do any and all other acts or things necessary thereto

5. Principal office address: 756 KINGSTOWN ROAD — *City*: WAKEFIELD — *State*: RI — *Zip*: 02883

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

Contact Name: ROBERT L. TOTH — *Contact Title*: MEMBER

Street Address: 756 KINGSTOWN ROAD — *City*: WAKEFIELD — *State*: RI — *Zip*: 02883

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

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).

[redacted] 156549

File Date FILED
Check No. SEP 20 2010
By: By 2670
FOR SECRETARY OF STATE USE ONLY
53233-54-549969

[redacted]

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* 9/15/10

[redacted] ROBERT L. TOTH
Print or Type Name of Authorized Person