



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.<br><b>145834</b>  |       | 2. Exact name of the limited liability company<br><b>THE MORROW FAMILY LLC</b>  |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>TO ACQUIRE, OWN, DEVELOP, LEASE, SELL AND/OR MANAGE REAL ESTATE</b> |                     |
| 5. Principal office address<br><b>129 BAKER STREET</b>  |       | City<br><b>PROVIDENCE</b>   | State<br><b>RI</b>  |
|   |       | Zip<br><b>02905</b>   |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                     |
| Contact Name<br><b>Robert Morrow</b>  |       | Contact Title   |                     |
| Street Address<br><b>194 Poppasquash Road</b>   |       | City<br><b>Bristol</b>  | State<br><b>RI</b>  |
|   |       | Zip<br><b>02809</b>   |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                     |
| Manager Name  |       | Manager Name  |                     |
| Street Address  |       | Street Address  |                     |
| City  | State | Zip   | City                |
|   |       |   |                     |
| Manager Name  |       | Manager Name  |                     |
| Street Address  |       | Street Address  |                     |
| City  | State | Zip   | City                |
|   |       |   |                     |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |       |   |                     |
| Agent Name<br><b>PASTER &amp; HARPOOTIAN, LTD.</b>  |       | Address<br><b>1000 CHAPEL VIEW BOULEVARD, SUITE 220</b>   |                     |
| Address   |       | City<br><b>CRANSTON</b>   | Zip<br><b>02920</b> |

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

145834

|                                 |                  |
|---------------------------------|------------------|
| File Date                       | <u>9-22-2010</u> |
| Check No.                       | <u>1332</u>      |
| By:                             | <u>mnc</u>       |
| 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.

Robert Morrow 9/20/10  
Signature of Authorized Person Date  
**Robert Morrow**  
Print or Type Name of Authorized Person