

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. 151454	I	name of the limited liability company / ACRES, LLC					
3. State of Formation RHODE ISLAND				which is actually conducted in Rhode Island			
5. Principal office address 3338 EAST MAIN ROAD				PORTSMOUTH	State RI	<i>Ζψ</i> 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name CRAIG BASS				OR TITLE OF CONTACT PERSON: Contact Title MEMBER			
Street Address 3338 EAST MAIN ROAD				City PORTSMOUTH	State RI	<i>zip</i> 02871	
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-			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
Manager Name -NONE-				Manager Name -NONE-			
Street Address				Street Address			
City		State	Zip	City	Statę	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).

151454

File Date	9-22-2010
Check No.	6974
Ву:	muc
	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 berein are true and correct.

Signature of Authorized Person

Ćraig Bass, Member

Print or Type Name of Authorized Person