



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. 521620		2. Exact name of the limited liability company The Angell Family, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate			
5. Principal office address 14 Moorings Way		City Little Compton	State RI	Zip 02837	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lea O. Angell		Contact Title Manager			
Street Address 14 Moorings Way		City Little Compton	State RI	Zip 02837	
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) <input type="checkbox"/>					
Manager Name Lea O. Angell		Manager Name I. Jackson Angell			
Street Address 14 Moorings Way		Street Address 14 Moorings Way			
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Deborah DiNardo Esq.		Address 180 South Main Street			
Address Partridge Snow & Hahn LLP		City Providence	Zip 02903	2010 SEP 27 AM 9:53	

FILED

SEP 27 2010

BY

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

521620

File Date _____
Check No. _____
By: _____
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.

Lea O. Angell
Signature of Authorized Person Date Sept-9, 2010

Lea O. Angell

Print or Type Name of Authorized Person