



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. 487369		2. Exact name of the limited liability company River Street Properties, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island acquire, own, hold, sell, lease, develop, manage and otherwise deal with real property	
5. Principal office address 350 River Street		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name James A. Casciano Contact Title _____ Street Address 9 Plymouth Drive City Barrington State RI Zip 02806			
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 _____ Street Address _____ City _____ State _____ Zip _____		Manager Name _____ Street Address _____ City _____ State _____ Zip _____	
Manager Name _____ Street Address _____ City _____ State _____ Zip _____		Manager Name _____ Street Address _____ 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 Kathleen A. Ryan, Esq Address 180 South Main Street City Providence Zip 02903-07120			

FILED

SEP 27 2010

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

BY

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10 SEP 27 AM 9:53

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.

Signature of Authorized Person

Date

JAMES A. CASCANO

Print or Type Name of Authorized Person