



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

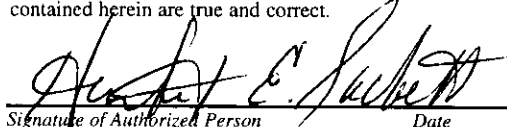
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 129507		2. Exact name of the limited liability company 3436 TABER AVE. 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 AND INVEST IN REAL PROPERTY			
* 5. Principal office address P.O. BOX 1157 1077 * ADDRESS CHANGE		City East Providence BRISTOL	State RI	Zip 02914 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name HERBERT E. SACKETT			Contact Title		
* Street Address P.O. Box 1157 1077 * ADDRESS CHANGE		City East Providence BRISTOL	State RI	Zip 02914 02809	
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			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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PASTER & HARPOOTIAN, LTD.			Address 1000 CHAPEL VIEW BOULEVARD, SUITE 220		
Address			City CRANSTON	Zip 02920	

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

129507

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.

 9/24/10
Signature of Authorized Person Date

Herbert E. Sackett

Print or Type Name of Authorized Person

File Date	9-28-2010
Check No.	538
By:	mnc
FOR SECRETARY OF STATE USE ONLY	