

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 109436	2. Exact name of the limit	ed liability company				
		IANAĞEMÊNT LLC				
3. State of Formation	4. Brief descripti	ion of the character of the bi	usiness which is actually conducted in F manage real estate and	Rhode Island		
Rhode Island		Julia in the second	manage rear escate and	u any other lawru.	Dusiness.	
5. Principal office address	_		City	State	Zip	
380 Summit Road			Exeter	RI	02822	
6. MAILING ADDRES	S OF LIMITED LIAB	ILITY COMPANY ANI	NAME OR TITLE OF CONTA	CT PERSON:		
Contact Name			Contact Title	Contact Title		
George M. Lucas			Member	Member		
Street Address 380 Summit Road			City	State	Zip	
			Exeter	RI	02882	
7. NAME AND ADDR	ess of each mana	GER OF THE LIMITE	D LIABILITY COMPANY, IF A	PPLICABLE - DO NOT	LIST MEMBERS	
	FILL IN SE	ACES BEFORE IISTNO	G ATTACHMENTS /*Y* RAY	FOR ATTACUMENTS (Learning the second sec	
Manager Name			Manager Name	LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52		
None			manager Name			
Street Address			Street Address	Street Address		
			30 et 7140 ess			
City	State	Zip	City	State	Zip	
		-		Sime	z.φ	
Manager Name			Manager Name	Manager Name		
		····				
Street Address			Street Address	Street Address		
City	0					
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLAND	- DO NOT ALTER - C	hanges require filing of Form	m 642 - P T G T - 216 1:		
Agent Name			Address	H 0-22 - K.H. G.L		
Kathleen G. Di Mur	o, Esq.					
Address			City	Zip		
916 Reservoir Avenue			Cranston	*	910	
_		 -				
FIL	ED					

SEP 3 0 2010

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



File Date		
Check No.		
By		
FOR SECRETA	RY OF STATE USE ON	LY

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.

George M. Lucas, Member

Print or Type Name of Authorized Person