

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

| 1. ID No. | c)) is subject to a penalty fee | | | | he time prescribed by law | | | | | | |
|--|---------------------------------|--|---|-----------------------|---------------------------|--------------------------|---------------------|------------------|------------------------------|----------------|--------|
| 107277 | Wright Holdings, L | ct name of the limited liability company ht Holdings, LLC | | | | | | | | | |
| 3. State of Formation | | | usiness which is actually conducted in Rhod | da talan d | | | | | | | |
| Rhode Island | Purchase, ho | lding & selling real a | personal property of all types for investments. | | | | | | | | |
| 200 Woonsocket Hill Road | | | City | State | Zip | | | | | | |
| 6. MAILING ADDI | RESS OF LIMITED LIARI | LITY COMPANY AND | North Smithfield | RI | 02896 | | | | | | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Edward R. Wright Street Address | | | Contact Title Operations Manager City State Zip | | | | | | | | |
| | | | | | | 229 Woonsocket Hill Road | | | North Smithfield | RI | 100000 |
| | | | | | | . NAME AND ADI | DRESS OF EACH MANAG | ER OF THE LIMITE | D LIABILITY COMPANY, IF APPI | ICABLE TO SAGE | |
| | JIII IN S | PACES BEFORE USH | NG ATTACHMENTS ("X" BOX FO | R ATTACHMENT) | LIST MEMBERS | | | | | | |
| Manager Name | | | Manager Name | | | | | | | | |
| Street Address | | | | | | | | | | | |
| TO THE THE STATE OF THE STATE O | | Street Address | | | | | | | | | |
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| lanager Name | | | | | | | | | | | |
| | | | Manager Name | | ****************** | | | | | | |
| treet Address | | | Street Address | | | | | | | | |
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| RESIDENT AGEN | TINBEODETS | | Excess values and | | Zip | | | | | | |
| ent Name | | JO NOT ALTER - Ch | anges require filing of Form 64 | i2 - R.I.G.L. 7-16-11 | | | | | | | |
| eborah DiNardo | Fsa | | Address | | | | | | | | |
| CDOLELL DIMEIOD | Loq. | | 1400 0 - 46 54 5 | | | | | | | | |
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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.

Edward R. Wright

Print or Type Name of Authorized Person

Form 632 Rev. 07/07