



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporate Affairs Division
100 State Street, Suite 1200
Providence, Rhode Island 02903
(401) 222-4226

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66, do each limited liability company filing its information in annual report receive a non-refundable surcharge of \$10.00 when a late filing is made after a notice is mailed by the State. * Late filing fee is subject to a penalty fee of \$25.00.

1. Filing Number 120304		2. Name of the limited liability company RAIN-ONE Co. LLC			
3. State of Incorporation R.I.		4. Kind of entity as to the character of the business in which it is engaged REAL ESTATE HOLDING			
5. Principal office address 2953 HARTFORD AVE		City JOHASTON		State R.I.	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WILLIAM RAINONE		Contact Title PRES.			
Mailing Address 2953 HARTFORD AVE		City JOHASTON		State R.I.	Zip 02919
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ☐ (A BOX FOR ATTACHMENT) ☐					
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 WILLIAM RAINONE					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

FILED

SEP 28 2010

Filing Date	9/27/10
Class No.	9/27/10
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying exhibits and statements, and that all statements contained herein are true and correct.

William Rainone **9/27/10**
Signature of Authorized Person Date
WILLIAM RAINONE
Print or Type Name of Authorized Person