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

A. Ralph Mollis, Secretary of State

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.**

1. ID No.	2. Exact name of the limited liability company
120304	RAIN-ONE CO. LLC

3. State of Formation	4. Briefly describe the character of the business
R.I.	REAL ESTATE HOLDING

5. Principal office address	City	State	Zip
2953 HARTFORD AVE	JOHNSTON	R.I.	02919

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name			Contact Title
WILLIAM RAINONE			PRES.
Street Address	**City**	**State**	**Zip**
2953 HARTFORD AVE	JOHNSTON	R.I.	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 (CHECK BOX FOR ATTACHMENTS) ☐

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

File Date ____________

Check No. RY 1410

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] 9/27/10

Signature of Authorized Person Date

WILLIAM RAINONE

Print or Type Name of Authorized Person

Form 632 Rev. 08/08