

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\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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 (bo'c)) is subject to a penalty fee of \$25.00.

t. ID No. 161144		odet name of the limited liability company  MANTON AVENUE, LLC				
3. State of Formation Rhode Island	4. Brief descrip Real Estat	tion of the character of the lee Holding	nesiness which is actually conducted in Rhod	wbich is actually conducted in Rhode Island		
5. Principal office address 329 Barton Street			City Pawtucket	State RI	Zip 02860	
6. MAILING ADDRES  Contact Name  Mukesh Tandon	SS OF LIMITED LIAE	BILITY COMPANY AN	D NAME OR TITLE OF CONTACT  Contact Title	PERSON:	·	
Street Address 100 Bailey Boulevard			East Greenwich	State RI	Ζψ 02818	
7. NAME AND ADDE		AGER OF THE LIMIT. SPACES BEFORE US	ED LIABILITY COMPANY, IF APPI ING ATTACHMENTS ("X" BOX FO	ICABLE - <u>DO NO'</u> R ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	СПу	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Сіў	State	Zip	СИу	State	Zip	
8. RESIDENT AGENT This information is cu			of State. Changes require tiling of Fo	orm 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).

161144

Check No. 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.

Mukesh Tandon

Print or Type Name of Authorized Person