



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

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 (R.I.G.L. 7-16-66 (b)&(c)) is subject to a penalty fee of \$25.00.

1. ID No 92551		2. Exact name of the limited liability company CRANCO II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, DEALING AND INVESTING IN REAL ESTATE PROPERTY			
5. Principal office address C/O THEODORE H. LICHTENFELS, POJAC POINT 18		City NORTH KINGSTOWN	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THEODORE H. LICHTENFELS			Contact Title		
Street Address POJAC POINT, #18		City NORTH KINGSTOWN	State RI	Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name THEODORE H. LICHTENFELS			Manager Name		
Street Address POJAC POINT, #18		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOSEPH F. WHINERY, JR., ESQ.			Address CAMERON & MITTLEMAN LLP		
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908		

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

92551

<b>FILED</b>	
File Date	OCT 13 2010
Check No.	
By:	By <u>128493</u>
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.

Theodore H. Lichtenfels 10/5/10  
Signature of Authorized Person Date

Theodore H. Lichtenfels

Print or Type Name of Authorized Person