



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* • **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 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 101582		2. Exact name of the limited liability company Commerce Park Commons, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate			
5. Principal office address 207 Quaker Lane Suite 300		City West Warwick	State RI	Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Nicholas E Cambio			Contact Title Manager		
Street Address 207 Quaker Lane Suite 300		City West Warwick	State RI	Zip 02893	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Nicholas E Cambio			Manager Name Vincent A Cambio		
Street Address 207 Quaker Lane Suite 300		Street Address 207 Quaker Lane Suite 300			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Manager Name Melissa A Faria			Manager Name		
Street Address 207 Quaker Lane Suite 300		Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND 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).

101582

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 of Authorized Person  Date **9/20/10**

Nicholas E Cambio

Print or Type Name of Authorized Person

File Date	10-25-2010
Check No.	11235
By:	AMF
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