

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

1. ID No 274471		oct name of the limited liability company nmerce Park Realty 4, LLC				
3. State of Formation 4. Brief description of the character of the busin Real Estate Development			usiness which is actually conducted in Rho	de Island		
5. Principal office address 207 Quaker Lane Suite 300			City West Warwick	State RI	_{Хір} 02893	
6. MAILING AD Contact Name Nicholas E Ca		ED LIABILITY COMPANY AN	NAME OR TITLE OF CONTACT PERSON: Contact Title Manager			
Street Address 207 Quaker Lane Suite 300			City West Warwick	State RI	Ζίρ 02893	
7. NAME AND A	ADDRESS OF EAC		ED LIABILITY COMPANY, IF APF ING ATTACHMENTS ("X" BOX F		<u>r list members</u>	
Manager Name Nicholas E Ca	mbio		Manager Name Vincent A Cambio	• "		
Street Address 207 Quaker La	ane Suite 300		Street Address 207 Quaker Lane Suite 300			
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	<i>ир</i> 02893	
Manager Name Melissa A Far	ia		Manager Name	Manager Name		
Street Address 207 Quaker Lane Suite 300			Street Address	Street Address		
City West Warwick	State RI	^{Zip} 02893	СИу	State	Zip	
	GENT IN RHODE is currently of reco		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).

274471

File Date	10-25-2010
Check No.	1066
Ву:	AMF
1	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 statement
contained herein are true and correct

Nicholas E Cambio

Print or Type Name of Authorized Person