

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.	2. Exact name of the limi	ted liability company				
326119	BACKROADS				ł	
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island					
			own, maintain, and	maintain, and otherwise operate with		
5. Principal office address			City	State	zφ real esta	
1340 Main Road			Tiverton	RI	02878	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY A	AND NAME OR TITLE OF CONTACT PI	erson:	,	
Raymond C. Holland, Jr.			• • • • • • • • • • • • • • • • • • • •	Contact Title		
Street Address	. nortand,	OT.	Attorney/Age	·		
			City	State	Zip	
1340 Main Road			Tiverton	RI	02878	
7. NAME AND ADDI	RESS OF EACH MANA	GER OF THE LIMI	TED LIABILITY COMPANY, IF APPLIC	CABLE - DO NOT LIS	ST MEMBERS	
	FILL IN	SPACES BEFORE U	JSING ATTACHMENTS ("X" BOX FOR	ATTACHMENT)		
Manager Name	_		Manager Name	Manager Name		
N/	A					
Street Address			Street Address	Street Address		
	 -					
City	State	Zip	Clty	State	Zip	

Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
2 DECIDENT ACTION	'IN DILODE IO		•			
	IN RHODE ISLAND	Office of the Co	- of Charles Classes in Street		1	
rms miorniauon is cui	rendy of record in the	Office of the Secreta	ry of State. Changes require filing of Forn	n 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).

File Date FILED
Check No.NOV 1 6 2010
By: By 49772
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a including any accompanying schedules contained herein are true and correct.	affirm that I have examined this report and statements, and that all statements
Quel at they	1-11/10
Stenature of Authorized Person	Date
Raymond C. Holland,	Jr.
Print or Type Name of Authorized Person	· · · · · · · · · · · · · · · · · · ·