

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 (berc)) is subject to a penalty fee of \$25.00.

1. ID No. 158168		t name of the limited liability company ont Properties, LLC					
3. State of Formation Rhode Island			siness which is actually conducted in Rhode Island ne purchase, sale and leasing of real estate.				
5. Principal office address 1340 Main Road			City Tiverton	State RI	Zip 02878		
6. MAILING ADDI Contact Name Raymond C. Ho		BILITY COMPANY AN	D NAME OR TITLE OF CONTA Contact Title Attorney	ACT PERSON:	1		
Street Address 1340 Main Road			City Tiverton	State RI	<sup>Zip</sup> 02878		
7. NAME AND AD	DRESS OF EACH MANA	AGER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BOX	IPPLICABLE - <u>DO NOT</u> (FOR ATTACHMENT)	LIST MEMBERS		
Manager Name N/A			Manager Name	· ·			
Street Address			Stroot Address	Street Address			
City	State	Zip	City.	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	NT IN RHODE ISLAND currently of record in the		of State. Changes require filing of	of Form 642 - R.I.G.L. 7-1	6-11		

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

158168

File Date FILED	
Check No. NOV 1 6 2010	
By 49772	
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 ymond C. Holland, 🔀 Hynn or Type Name of Authorized Person