



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. 158981		2. Exact name of the limited liability company TUSCANY HOLDINGS LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND MANAGE REAL ESTATE			
5. Principal office address 88 SILVA LANE, SUITE 220 EAST		City MIDDLETOWN	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES LAVOIE			Contact Title MANAGER		
Street Address 88 SILVA LANE, SUITE 220 EAST		City MIDDLETOWN	State RI	Zip 02842	
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) <input type="checkbox"/>					
Manager Name JAMES LAVOIE			Manager Name		
Street Address 88 SILVA LANE, SUITE 220 EAST			Street Address		
City MIDDLETOWN	State RI	Zip 02842	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 A. ANESTA			Address		
Address 301 PROMENADE STREET		City MIDDLETOWN	Zip 02908		

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

158981

FILED

File Date

NOV 19 2010

Check No.

By: *[Signature]* 1003

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.

Signature of Authorized Person

Date

JAMES LAVOIE, MANAGER

Print or Type Name of Authorized Person