



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2011

1. ID No. 000502756

2. Exact Name of the Limited Liability Company Governor Residential Properties, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO ACQUIRE, OWN, IMPROVE, OPERATE, MANAGE, LEASE, MORTGAGE, REFINANCE, SELL AND EXCHANGE REAL PROPERTY; TO ACT AS A MANAGER OR MEMBER OF ANY LIMITED LIABILITY COMPANY CONDUCTING THE FOREGOING BUSINESS; AND TO CARRY ON ANY AND ALL OTHER LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND IS PERMITTED.

ANY MANAGER IS AUTHORIZED TO EXECUTE ON BEHALF OF THE LLC ANY DOCUMENTS TO BE FILED WITH THE SECRETARY OF THE STATE OF RHODE ISLAND.
ANY MANAGER IS AUTHORIZED TO EXECUTE, ACKNOWLEDGE, DELIVER AND RECORD ANY RECORDABLE INSTRUMENT ON BEHALF OF THE LLC PURPORTING TO AFFECT AN INTEREST IN REAL PROPERTY, WHETHER TO BE RECORDED WITH A REGISTRY OF DEEDS OR A DISTRICT OFFICE OF THE LAND COURT.

5. Principal Office Address

No. and Street: 119 BROOK ROAD

City or Town: SHARON

State: MA

Zip: 02067

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 119 BROOK ROAD

City or Town: SHARON

State: MA

Zip: 02067

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL RAYNUS	119 BROOK ROAD SHARON, MA 02067 USA
MANAGER	FELIX SHLOSMAN	32 STEDMAN STREET BROOKLINE, MA 02446 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JAMES J. BELLIVEAU C/O PILGRIM TITLE INSURANCE COMPANY 50 PARK ROW WEST, SUITE 102
PROVIDENCE , RI 02903

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

Signed this 24 Day of March, 2011 at 6:47:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL RAYNUS
Signature of Authorized Person

Form No. 632
Revised 09/07