



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 2009

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. 000072088		2. Exact name of the limited liability company ALBACO, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATION OF COMMERCIAL AND RESIDENTIAL REAL ESTATE			
5. Principal office address 11 KRISTEN DRIVE		City N. PROVIDENCE	State RI	Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MONA ALBANESE		Contact Title			
Street Address 11 KRISTEN DRIVE		City N. PROVIDENCE	State RI	Zip 02911	
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 MONA ALBANESE		Manager Name			
Street Address 11 KRISTEN ALBANESE		Street Address			
City N. PROVIDENCE	State RI	Zip 02911	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

RECEIVED
 STATE
 CORPORATIONS DIV
 APR 8 AM 10:18
 APR 1 AM 10:55

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

000072088

File Date	FILED
Check No.	APR 08 2011
By:	142041 10:18
BY _____ 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.

Mona L. Albanese 3/31/11
Signature of Authorized Person Date

MONA ALBANESE, MEMBER
Print or Type Name of Authorized Person