



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* • **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.

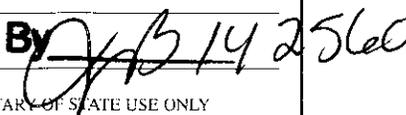
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|---|-------|--|-------|
| 1. ID No. 509413 | | 2. Exact name of the limited liability company Bird Dog Investments, LLC | |
| 3. State of Formation RI | | 4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE and SELLING OF REAL STATE. | |
| 5. Principal office address 1445 Broad St. Prov RI 02905 | | State | Zip |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name AROI SANTANA | | Contact Title | |
| Street Address | | City | State |
| 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 N/A | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Manager Name N/A | | Manager Name N/A | |
| Street Address | | Street Address | |
| City | State | City | State |
| 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 | | | |

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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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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 4/15/11
 AROI SANTANA
 Print or Type Name of Authorized Person

| | |
|---------------------------------|---|
| FILED | |
| File Date | APR 15 2011 |
| Check No. | |
| By: |  |
| FOR SECRETARY OF STATE USE ONLY | |