

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 20 10

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 low (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

3. State of Formation		Holdings,				
RI	Prope	erty Manager	nusiness which is actually conducted in Rho Nent	de Island .		
5. Principal office address			City	State	Zip	
66 Greenville Avenue			Johnston	RI	02919	
<b>6. MAILING ADDRESS ()</b> Contact Name	F LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT	r person:		
Antonio Cas	sisi		Contact Title Member			
Street Address			City	State	Ζίμ	
66 Greenville Avenue			Johnston	RI	02919	
7. NAME AND ADDRESS	OF EACH MANA FILL IN	GER OF THE LIMITI SPACES BEFORE USI	ED LIABILITY COMPANY, IF APPING ATTACHMENTS ("X" BOX FO	PLICABLE - DO NOT :	LIST MEMBERS	
Manager Name			Manager Name	· <del>-</del>		
Street Address			Sireet Address			
îty	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
RESIDENT AGENT IN 1 gent Name Denise S. C			hanges require filing of Form  Address 600 Toll Ga		,	
ddress			Warwick	Warwick Zip		
	This report n	nust be executed by a	n authorized person pursuant to R	P.I.G.L. 7-16-66 (b).	MAY 10 AM 10: 59	
e DateF11 eck NoMAY	/ 03 ED	59 44108	Under penalty of perincluding any accommodation contained herein are  Signature of Authorize  Went See	panying schedules and state true and correct.	hat I have examined this repetements, and that all statements.	
FOR SECRED OF S	OS ONLY		Print or Type Name of	of Authorized Person		