

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 20/0

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.

(R.I.G.L. 7-16-66 (b&c)) is	subject to a penalty fee of \$2	25.00.	- • • •	, , , , , , , , , , , , , , , , , , , ,	<b>3</b> · ·	
1. ID No.	2. Exact name of the limited liability company					
145431	Lee whittier Properties LLC					
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
R HeDe Islan	2 Real	Estate H	ol Ding			
5. Principal office address 2001 Broad St			CRUNS ton	State R1	202905	
Contact Name			ID NAME OR TITLE OF CONTACT  Contact Title	PERSON:	,	
John w Hayes			mem Bek	memBeR		
Street Address			: Gity	State	Zip	
2001 Broad Street			CRUNSTON	RI	02905	
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)						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Ζίρ	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	Сиу	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLAND	ı	;	1	<b>201</b> - (%)	
This information is cur	rently of record in the	Office of the Secretary	of State. Changes require filing of F	form 642 - R.I.G.L. 7-16	-11 💆	
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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JU File Date	DS 101 2011	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.
Check No.	14091	Signorare of Authorized Person Date
By:FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person