



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
401.222.3046

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.

1. ID No. 162126	2. Exact name of the limited liability company Gardiner Estate Management LLC
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3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding
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5. Principal office address 35 Prospect Street	City Bristol	State RI	Zip 02809
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name Judith H. Bowen	Contact Title Member

Street Address 32 High Street	City South Dartmouth	State MA	Zip 02748
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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 None	Manager Name None
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Manager Name None	Manager Name None
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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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

2011 JUN - 1 PM 3:02
 CORPORATIONS DIVISION
 OFFICE OF THE SECRETARY OF STATE

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

162126

File Date	FILED
Check No.	JUN 01 2011
By:	By [Signature]
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.

[Signature] 5/31/11
Signature of Authorized Person Date

Judith H. Bowen
Print or Type Name of Authorized Person