State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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.	2. Exact name of the limited liability company
000110986	NORTHERN-FOREST FOUR SEASONS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DE	REAL ESTATE MANAGEMENT

5. Principal office address	City	State	Zip
c/o FOREST PROPERTIES 19 NEEDHAM ST	NEWTON	MA	02461

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JEFFREY LIBERT	MANAGER

Street Address	City	State	Zip

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	Street Address	City	State	Zip
JEFFREY LIBERT	c/o FOREST PROPERTIES 19 NEEDHAM ST	NEWTON	MA	02461

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).

2011 JUL 21 PM 12:15

FILED

File Date JUL 21 2011

Check No. BY 29-14889

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.

Signature of Authorized Person *Date* 6/21/11

JEFFREY LIBERT

Print or Type Name of Authorized Person

Form 632 Rev. 08/08