DIMHILLRD 07/29/2011 9:37 AM

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 2011

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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	e of the limi	ted liability company			
000486701 DIAMOI	IH ON	LL ROAD, 1	LLC		
3. State of Formation 4.	Brief desc	ription of the character	of the business which is actually conducted in	n Rhode Island	
RI I	REAL	ESTATE REI	NTAL		
5. Principal office address			City	State	Zip
1391 DIAMOND HILL RO	OAD		CUMBERLAND	RI	02864
6. MAILING ADDRESS OF LIMITED I	IABILITY	COMPANY AND I	NAME OR TITLE OF CONTACT PERS	ON:	
Contact Name			Contact Title		
DONALD F. PASEK			MANAGER		
Street Address			City	State	Zip
14 DONALD LANE			ATTLEBORO	MA	02703
7. NAME AND ADDRESS OF EACH N	IANAGE	R OF THE LIMITED	LIABILITY COMPANY, IF APPLICAB	LE - DO NOT LIST MEN	IBERS
			ING ATTACHMENTS ("X" BOX FOR A		in mus.
Manager Name	e: 0.00000000000000000000000000000000000		Manager Name		
DONALD F. PASEK			indiago Hallo		
Street Address			Street Address		<u> </u>
14 DONALD LANE					
City	State	Zip	City	State	Zip
ATTLEBORO	MA	02703		, o.a.to	[] - P
Manager Name			Manager Name	1	-
					and a
Street Address			Street Address		
					1.0
City	State	Zip	City	State) Zip
					Ť
8. RESIDENT AGENT IN RHODE ISL	AND				
This information is currently of record in the Of	fice of the S	Secretary of State. Cha	inges require filing of Form 642 - R.I.G.L. 7-10	6-11	

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

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		JUL 29 2011 - 144449

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

Print or Type Name of Authorized Person