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 2009

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 o	f the limite	d liability company						
000486701 DIAMONI) HIL	L ROAD, LL	С					
3. State of Formation 4. Br	ief descrip	otion of the character of the	he business which is actually conducted in	Rhode Island				
RI RI	CAL E	STATE RENT	AL					
5. Principal office address			City	Zip				
1391 DIAMOND HILL ROA	AD.		CUMBERLAND	RI	02864			
6. MAILING ADDRESS OF LIMITED LIA	BILITY (COMPANY AND NAM	ME 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 MA	NAGER	OF THE LIMITED LI	ABILITY COMPANY, IF APPLICAB	LE - DO NOT LIST MEM	BERS			
FILL	IN SPA	CES BEFORE USING	EATTACHMENTS ("X" BOX FOR A	TTACHMENT)				
Manager Name			Manager Name	73				
DONALD F. PASEK								
Street Address			Street Address					
14 DONALD LANE					g en i			
City	State	Żip	City	State	Zip			
ATTLEBORO	MA	02703						
Manager Name			Manager Name					
Street Address			Street Address	29				
City	State	Zip	City	State	Zip			
only	State	Z.p	City	State	Lib			
8. RESIDENT AGENT IN RHODE ISLAN	l D	l	1	l .				
This information is currently of record in the Office		cretary of State. Change	s require filing of Form 642 - R.I.G.L. 7-16	3-11				
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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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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

Date

Print or Type Name of Authorized Person