

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 101.222.3040

2011

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.1. 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

120970	2 txact name of the limited hability company LINCOLN CORPORATE CENTER, LLC				
3 Mate of Formation Rhode Island	4. Brief description to deal wi	on of the character of the birst ith real estate	uss which is actually conducted in Rh	ink island	· · · · · · · · · · · · · · · · · · ·
5 Principal office address 90 Douglas Pike			Smithfield	State RI	02917-000
6. MAILING ADDRESS O Contact Name Paul T. Surabian	F LIMITED LIABI	ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Member	T PERSON:	ı
Street Address 90 Douglas Pike			Сис	State RI	02917-0000
90 Douglas Pike			Smithfield	KI	02717-0000
7. NAME AND ADDRESS	OF EACH MANA FILL IN	GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF AP	PLICABLE - <u>DO NO</u> FOR ATTACHMENT)	 <u>List members</u>
7. NAME AND ADDRESS Manager Name Paul T. Surabian	FILE IN	GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF AP GATTACHMENTS ("X" BOX F Manager Name	PLICABLE - <u>DO NO</u> FOR ATTACHMENT)	 <u>List members</u>
7. NAME AND ADDRESS Manager Name Paul T. Surabian Sirvey Address 95 Tipping Rock Re	FILE IN	GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF APE GATTACHMENTS ("X" BOX F Manager Name Paul B. Surabian	PLICABLE - <u>DO NO</u> FOR ATTACHMENT)	 <u>List members</u>
7. NAME AND ADDRESS Manager Name Paul T. Surabian Street Address 95 Tipping Rock Rock Carr East Greenwich	oad	SPACES BEFORE USING	LIABILITY COMPANY, IF APE GATTACHMENTS ("X" BOX F Manager Name Paul B. Surabian. Sireet Address 375 Angell Road	PLICABLE - <u>DO NO?</u> FOR ATTACHMENT) [LIST MEMBERS
7. NAME AND ADDRESS Manager Name Paul T. Surabian Sirect Address 95 Tipping Rock R	oad	SPACES BEFORE USING	LIABILITY COMPANY, IF APERATTACHMENTS ("X" BOX FOR Manager Name Paul B. Surabian. Succet Address 375 Angell Road Cuic Lincoln	PLICABLE - <u>DO NO?</u> FOR ATTACHMENT) [LIST MEMBERS

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

	FILED
File Date	AUG 09 2011
Check No	By MMC
Ву:	3/36
	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. 09/01/2011 Date

Form 632 Rev. 08/08