



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.

1. ID No. 322365		2. Exact name of the limited liability company NORTH MAIN STREET, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MGR FOR VARIOUS PARCELS OF REAL ESTATE IN RHODE ISLAND			
5. Principal office address 72 FALL RIVER AVENUE		City REHOBOTH		State MA	Zip 02769
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MATTHEW J. QUIRK			Contact Title MEMBER		
Street Address 2 HONEYSUCKLE ROAD		City REHOBOTH		State MA	Zip 02769
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 MATTHEW J. QUIRK			Manager Name JOANNE R. QUIRK		
Street Address 2 HONEYSUCKLE ROAD		Street Address 2 HONEYSUCKLE ROAD			
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
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).

322365
FILED

File Date	AUG 10 2011
Check No.	1131
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

MATTHEW J. QUIRK

Print or Type Name of Authorized Person