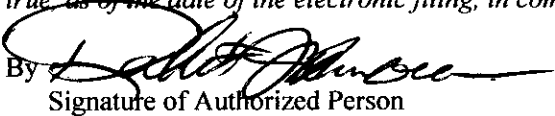
	State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Fee: \$50.00 LOGOUT 								
Limited Liability Company Annual Report Filing Period: September 1 - November 1										
<i>In accordance 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.</i>										
ANNUAL REPORT YEAR: 2011										
1. ID No. <u>000334677</u>										
2. Exact Name of the Limited Liability Company <u>MAGNOLIA PROPERTIES, LLC</u>										
3. State of Formation State: <u>RI</u>										
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL REAL ESTATE										
5. Principal Office Address No. and Street: <u>ONE MAGNOLIA STREET</u> City or Town: <u>PROVIDENCE</u> <u>State:</u> <u>RI</u> <u>Zip:</u> <u>02909</u> <u>Country:</u> <u>USA</u>										
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>Robert J. Mansour</u> Contact Title: <u>MANAGER</u> No. and Street: <u>ONE MAGNOLIA STREET</u> City or Town: <u>PROVIDENCE</u> <u>State:</u> <u>RI</u> <u>Zip:</u> <u>02909</u> <u>Country:</u> <u>USA</u>										
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS <table style="width: 100%;"> <tr> <td style="width: 30%;">First Name:</td> <td style="width: 20%;">Middle Name:</td> <td style="width: 20%;">Last Name:</td> <td style="width: 30%;">Suffix:</td> </tr> <tr> <td>Address:</td> <td>City:</td> <td>State:</td> <td>Zip:</td> </tr> </table> FILED Clear Add			First Name:	Middle Name:	Last Name:	Suffix:	Address:	City:	State:	Zip:
First Name:	Middle Name:	Last Name:	Suffix:							
Address:	City:	State:	Zip:							

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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
<u>ROBERT J. MANSOUR</u> <u>ONE MAGNOLIA STREET</u> <u>PROVIDENCE</u> , <u>RI</u> <u>02903</u>			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Robert J. Mansour Business Name: MAGNOLIA PROPERTIES LL No. and Street: One Magnolia Street - Same Address as - City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA Contact Phone: (401) 523-1965 ext: Contact Email: r.mansour@verizon.net Clear Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.			
Signed this 23 Day of August, 2011 at 8:33:42 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. By  Signature of Authorized Person By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this ☒ Accept ☐ Decline			
Click HERE to Submit This Information			
Form No. 632 Revised 09/07			
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