

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 40//

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. 000133721	2. Exact name of the limit PELLBRO, LLC	t name of the limited liability company BRO, LLC					
3. State of Formation 4. Brief description of the character of the business Real Estate Holding/Rental			business which is actually conducted in Rhod	rbich is actually conducted in Rhode Island			
5. Principal office address 275 Reservoir Avenue			City Providence	State RI	^{zip} 02907		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA. Contact Name Brian Pellegrino			ND NAME OR TITLE OF CONTACT Contact Title Managing Agent	Contact Title			
Street Address 119 Roger Williams Drive			CHy North Kingstown	State RI	^{Zip} 02852		
7. NAME AND AI			TED LIABILITY COMPANY, IF APPI SING ATTACHMENTS ("X" BOX FO		T LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	ENT IN RHODE ISLAND currently of record in the		y of State. Changes require filing of F	orm 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).

000133721

File Date	FILED	
Check No.	AUG 2 9 2011	
By: BY_	1624	
FO	R SECRETARY OF STATE USE ONLY	

including any acco	ompanying schedules a	ind statements	s, and that all	statements
contained herein a	re true and correct.			
	1/1/11	-	,	<i>C</i> .
/ Tuan	1 fellegn	no	8/86	11/
Signature of Author	ized Person	Date		/
MAR	1 0. PEL	EEOR	INO	
Print or Type Name	e of Authorized Person			

Under penalty of perjury, I declare and affirm that I have examined this report,

Form 632 Rev. 08/08