



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

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. 540833		2. Exact name of the limited liability company 92 Chandler LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Rental property	
5. Principal office address 4 Mulberry Lane		City Lincoln	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Susan L Ayotte		Contact Title Trustee	
Street Address 4 Mulberry Lane		City Lincoln	State RI
		Zip 02865	
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) <input type="checkbox"/>			
Manager Name Susan L Ayotte		Manager Name Morrison Family Trust & Morrison Survivors Trust	
Street Address 4 Mulberry Lane		Street Address 4 Mulberry Lane	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Susan L Ayotte		Address	
Address 4 Mulberry Lane		City Lincoln, RI	Zip 02865

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

FILED

File Date	AUG 29 2011
Check No.	20 123
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.

Susan L Ayotte 8/26/11
Signature of Authorized Person Date
Susan L. Ayotte
Print or Type Name of Authorized Person