

A. Ralpb 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. 543022	2. Exact name of the limited had Deerfield GP, LLC	t name of the limited liability company ield GP, LLC				
3. State of Formation Rhode Island	4. Brief description of Acquire entity a incidental there	and/or various re	siness which is actually conducted in Rh eal property interests, condu	bode Island uct all activities related, ne	ecessary or	
5. Principal office address 5 Cathedral Square			City Providence	State Rhode Island	Zip 02903	
6. MAILING ADD Contact Name Robert R. Gauc		Y COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:	ı	
Street Address 5 Cathedral Square			City Providence	State Rhode Island	^{Zip} 02903	
7. NAME AND AI	ODRESS OF EACH MANAGER FILL IN SPACE	OF THE LIMITEI	D LIABILITY COMPANY, IF AP NG ATTACHMENTS ("X" BOX	PPLICABLE - <u>DO NOT LIS</u> FOR ATTACHMENT)	T MEMBERS	
Manager Name Cathedral Development Group, Inc.			Manager Name	· · · · · · · · · · · · · · · · · · ·		
Street Address 5 Cathedral Squ	uare		Street Address			
City	State	Zíþ	City	State	Zip	
Providence	Rhode Island	02903] '	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	ENT IN RHODE ISLAND currently of record in the Offic	l e of the Secretary o	f State. Changes require filing of	Form 642 - R.I.G.L. 7-16-11	I	

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

543022
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File Date SEP 02 2011
Check No
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 statement contained herein are true and correct.
Signature of Authorized Person <u>Date</u>
Robert R. Gaudreau, Jr. President of
Print or Type Name of Authorized Person COHLECTON DEVELOPMENT GOOD, INC. Form 632 Rev. 08/08