

A. Ralph Mollis, Secretary of State
Corporations Duvision
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. 274186	1	name of the limited liability company ICER REALTY, LLC				
3. State of Formation Rhode Island	7 7 7 7		ss which is actually conducted in Rhode Island			
5. Principal office address 404 Tollgate Road			City Warwick	State RI	^{Zip} 02886	
6. MAILING ADDRE Contact Name Paula Calenda	SS OF LIMITED LIAE	SILITY COMPANY AND	NAME OR TITLE OF CONTA	•		
Street Address 404 Tollgate Road			City Warwick	State RI	<i>Zф</i> 02886	
7. NAME AND ADDI	RESS OF EACH MANA	AGER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BO)	I APPLICABLE - <u>DO NO</u> T (FOR ATTACHMENT)	<u>r list members</u>]	
Manager Name Paula Calenda			Manager Name	Manager Name		
Street Address 404 Toligate Road			Street Address	Street Address		
City:	State	Zip	City	State	Zip	
Warwick	RI	02886				
Manager Name	***************************************	***************************************	Manager Name		······J·······	
Street Address			Street Address	Sireet Address		
City	State	Zip	City	State	Zip	
	rently of record in the	Office of the Secretary of	State. Changes require filing of	of Form 642 - R.I.G.L. 7-1	16-11	

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

274186

	FILED
File Date	050 0 7 0044
Check No.	SEP 0 7 2011
5 Y	2028
	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

Paula Calenda

Print or Type Name of Authorized Person