



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.<br>487369   |       | 2. Exact name of the limited liability company<br>River Street Properties, LLC  |                                  |                    |              |
| 3. State of Formation<br>Rhode Island   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>acquire, own, hold, sell, lease, develop, manage and otherwise deal with real property |                                  |                    |              |
| 5. Principal office address<br>350 River Street   |       |   | City<br>Woonsocket               | State<br>RI        | Zip<br>02895 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                                  |                    |              |
| Contact Name<br>James A. Casciano   |       |   | Contact Title                    |                    |              |
| Street Address<br>9 Plymouth Drive  |       |   | City<br>Barrington               | State<br>RI        | Zip<br>02806 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                                  |                    |              |
| Manager Name  |       |   | Manager Name                     |                    |              |
| Street Address  |       |   | Street Address                   |                    |              |
| City  | State | Zip   | City                             | State              | Zip          |
| Manager Name  |       |   | Manager Name                     |                    |              |
| Street Address  |       |   | Street Address                   |                    |              |
| City  | State | Zip   | City                             | State              | 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<br>Kathleen A. Ryan, Esq   |       |   | Address<br>180 South Main Street |                    |              |
| Address<br>PARTRIDGE SNOW & HAHN LLP  |       |   | City<br>Providence               | Zip<br>02903-07120 |              |

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

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 \_\_\_\_\_ Date 8/26/11

JAMES A. CASCIANO

Print or Type Name of Authorized Person

|                                 |                        |
|---------------------------------|------------------------|
| <b>FILED</b>                    |                        |
| File Date                       | SEP 12 2011            |
| Check No.                       | By: <i>[Signature]</i> |
| By:                             | 27709                  |
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