



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Morris, 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. 134712		2. Exact name of the limited liability company 945 Warren Avenue, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Holding, owning, buying, selling, pledging and otherwise dealing with investments			
5. Principal office address 945 Warren Avenue		City East Providence	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: <i>Alfred T. Morris, Jr.</i>					
Contact Name Alfred T. Morris, Jr.		Contact Title Operating Manager			
Street Address 945 Warren Avenue		City East Providence	State RI	Zip 02914	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Alfred t. Morris, Jr.		Manager Name Joan M. Morris			
Street Address 945 Warren Avenue		Street Address 945 Warren Avenue			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 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).

**FILED**

File Date: **SEP 13 2011**  
 Check No. **By** *AMS*  
*1095*  
 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.

*Alfred T. Morris, Jr.* 9/12/11  
 Signature of Authorized Person Date

Alfred T. Morris, Jr.

Print or Type Name of Authorized Person