

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 2010

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.1., 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.

| (R.I.G.L. 7-16-66 (b&c)) i  |  |                    | _                                      | •   | ,   | · ,                             |  |  |
|---|--|--------------------|--|---|---|---------------------------------|--|--|
| 1. ID No.<br>199300   | 2. Exact name of the limited liability company Centerplan Smithfield LLC |                    |  |   |   |                                 |  |  |
| 3. State of Formation RHODE ISLAND  |  |                    |  | rbich is actually conducted in                        |   |                                 |  |  |
|   | JACC   | UISITION A         | <u>ND INVESTMENT</u>                   | IN REAL PROPERT                                       | <u>Y</u>                                    |                                 |  |  |
| 5. Principal office address   |  |                    |  | City  | State                                       | Zip                             |  |  |
| c/o Centerplan Development Company, LLC, 10 Main Street, Suite B                |  |                    |  | Middletown  | C⊤  | 06457                           |  |  |
| 6. MAILING ADDRE  | SS OF LIMITE   | D LIABILITY (      | COMPANY AND NAM                        | E OR TITLE OF CONT.                                   | ACT PERSON:                                 | •                               |  |  |
| Contact Name  Robort A. Landing   |  |                    |  | Contact Title   |   |                                 |  |  |
| Robert A. Landino   |  |                    |  | Manager   |   |                                 |  |  |
| Street Address  |  |                    | ***                                    | City:   | State                                       | Ziji                            |  |  |
| c/o Centerplan Develor  | pment Company  | , LLC, 10 Main     | Street, Suite B                        | Middletown  | СТ  | 06457                           |  |  |
| 7. NAME AND ADDI<br>Manager Name<br>Robert A. Landino                           | r  | I MANAGER O        | F THE LIMITED LIA<br>S BEFORE USING AT | BILITY COMPANY, IF A "TACHMENTS ("X" BO  Manager Name | APPLICABLE - DO NOT LI<br>X FOR ATTACHMENT) | IST MEMBERS                     |  |  |
| Street Address c/o Centerplan Development Company, LLC, 10 Main Street, Suite B |  |                    | Street Address                         |   |   |                                 |  |  |
| City  | State  |                    | Zip                                    | City  | State                                       | Zip                             |  |  |
| Middletown  | СТ   |                    | 06457                                  |   |   |                                 |  |  |
| Manager Name  | ******************   | **************     |  | Manager Name  |   |                                 |  |  |
| Street Address  |  |                    |  | Street Address  |   |                                 |  |  |
|   |  |                    |  |   |   |                                 |  |  |
| Gip   | State  |                    | Zip                                    | City  | State                                       | Zip                             |  |  |
| 8. RESIDENT AGENT   | I IN RHODE 1   | SLAND              |  | :   | 1   | SEC.                            |  |  |
| This information is cu  | rrently of record  | d in the Office of | of the Secretary of Stat               | e. Changes require filing                             | of Form 642 - R.I.G.L. 7-16-1               | SEP OFFICE                      |  |  |
|   | This   | / /                | SEP 1 4 2011  SEP 2 9                  | -/5/988<br>orized person pursuant                     | to R I G L - 7-16-66 (b)                    | CEIVED TARY CESTATE PIL PM 1:35 |  |  |
|   | 1  |                    | •                                      | <u>.</u>  | ().   |                                 |  |  |

199300

| File Date                       |  |  |     |  |  |  |
|---------------------------------|--|--|-----|--|--|--|
| Check No.                       |  |  | ··· |  |  |  |
| Ву:                             |  |  |     |  |  |  |
| 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

Robert A. Landino

Print or Type Name of Authorized Person