



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

A. Ralph Molits, 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.

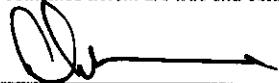
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|---|-------------|--|------------------------------------|--------------|-----|
| 1. ID No. 132123 | | 2. Exact name of the limited liability company OCEAN REEF INVESTMENTS LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING AND LEASING REAL PROPERTY | | | |
| 5. Principal office address 40 WESTMINSTER STREET, SUITE 703 | | City PROVIDENCE | State RI | Zip 02903 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name DOUGLAS G. MANCOSH | | | Contact Title | | |
| Street Address 40 WESTMINSTER STREET, SUITE 703 | | City PROVIDENCE | State RI | Zip 02903 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name DOUGLAS G. MANCOSH | | | Manager Name | | |
| Street Address 40 WESTMINSTER STREET, SUITE 703 | | Street Address | | | |
| City PROVIDENCE | State RI | Zip 02903 | 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 JOSEPH F. WHINERY, JR., ESQ. | | | Address CAMERON & MITTLEMAN LLP | | |
| Address 301 PROMENADE STREET | | City PROVIDENCE | Zip 02908 | | |

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

132123
FILED

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|---------------------------------|
| File Date SEP 16 2011 |
| Check No. <u>24</u> <u>K22</u> |
| 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.


Signature of Authorized Person

9/13/11
Date

Douglas G. Mancosh
Print or Type Name of Authorized Person