

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	1 ID No 2. Exact name of the limited liability combany						
158161		√ayland Avenue, LLC					
3. State of Formation		4. Brief description of the character of the husiness which is actually conducted in Rhode Island					
Rhode Island to own and manage real estate			топева и тел в исилину стински н	tess water is actually contained in Robbe Island			
5 Principal office ac	ldrass	to own and m	anage real estate		Г.,		
234 Wayland Avenue			Providence	State RI	<i>Ζι</i> μ		
-		IMITED ITARII	ITV COMPANY AN			02906	
Contact Name	6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name				Contact Title		
Jacques S. Abrams				Trustee	Trustee		
Street Address	Street Address				City State Zip		
148 Linden Street, #6				Wellesley	l MA	02482	
7. NAME AND A	DDRESS OF	FACH MANAC	ER OF THE LIMIT	ED LIABILITY COMPANY, IF	I	l l	
/ 1 1111112 12112 22	DDRLOS OI	FILL IN S	PACES BEFORE US	ING ATTACHMENTS ("X" BO	X FOR ATTACHMENT) [T LIST MEMBERS	
Manager Name				:	Manager Name		
				manager wante			
Street Address				Street Address	Strait Address		
				STEEL FIGURESS			
City		State	Zip	City	State	Zip	
			'			esq.	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zip	City	State	Zip	
		1					
8. RESIDENT AG	ENT IN RH	ODE ISLAND -	DO NOT ALTER -	Changes require filing of Fo	rm 642 - R.I.G.L. 7-16-1	11	
Agent Name	-			Address			
Scott T. Spear	⊏sq.						
Address			City	1	Zip		
30 Exchange Terrace				Providence	ce 02903		

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

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File Date	OFD 0.0	
Check No.	SEP 20 2011	
Ву:3	Jm 29-15	239/
FOR SECR	ETARY OF STATE USE ONLY	

158161

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

Jacques S. Abrams, Trustee

Form 632 Rev. 07/07