A	State of Rhode Island			<b>ns</b> Fee: \$50.
	Office of the	e Secretary of	State	
	Division	Of Business Servic	ces	
	148	W. River Street		
a - Chiefe	Provider Provider	nce RI 02904-261	5	
cretary of Sta	(40	01) 222-3040		
imited Liability	/ Company			
nnual Report				
ling Period: Septer	mber 1 - November 1			
accordance with	R.I.G.L. 7-16-66(d), each limited l	liahility company fa	ilina or refusina t	n
	within thirty (30) days after the tir			•
-16-66(b&c)) is sub	pject to a penalty fee of \$25.00.			
ANNUAL REPORT	YEAR: <u>2011</u>			
I. ID No. <u>0005</u>	521732			
2 Exact Name of	the Limited Liability Company	v Pidge Manor I I	С	
3. State of Forma	ition			
State: <u>RI</u>				
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To acquire, develo	op, manage, improve, rent, lease		-	
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<u>Fo acquire, develo</u> 5. Principal Office No. and Street: City or Town:	op, manage, improve, rent, lease Address <u>115 MANTON STREET</u>	e and sell real and State: <u>RI</u>	personal propert Zip: <u>02861</u>	<u>ty.</u> Country: <u>USA</u>
To acquire, develo 5. Principal Office No. and Street: City or Town: 6. Mailing Addres	op, manage, improve, rent, lease Address <u>115 MANTON STREET</u> <u>PAWTUCKET</u>	e and sell real and State: <u>RI</u>	personal propert Zip: <u>02861</u>	<u>ty.</u> Country: <u>USA</u>
<u>To acquire, develo</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>JC</u>	<ul> <li>pp, manage, improve, rent, lease</li> <li>Address</li> <li><u>115 MANTON STREET</u> <u>PAWTUCKET</u></li> <li>s of Limited Liability Company</li> <li><u>DHN J. PADIEN III</u> Contact Title: <u>115 MANTON STREET</u></li> </ul>	e and sell real and State: <u>RI</u>	personal propert Zip: <u>02861</u>	<u>ty.</u> Country: <u>USA</u>
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To acquire, develo 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>JC</u> No. and Street: City or Town: 7. Name and Addi DO NOT LIST M Title 8. RESIDENT AGE Changes Requir	op, manage, improve, rent, lease         Address         115 MANTON STREET         PAWTUCKET         s of Limited Liability Company         DHN J. PADIEN III Contact Title:         115 MANTON STREET         PAWTUCKET         ress of Each Manager of the Liability Bers         Individual Nam         First, Middle, Last, St         NT IN RHODE ISLAND - DO NO	state: <u>RI</u> y and Name or Tit State: <u>RI</u> imited Liability Co fine uffix Add T ALTER 7-16-11	zip: <u>02861</u> le of Contact Pe Zip: <u>02861</u> ompany, if Appl Addi Iress, City or Town, S	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

**Signed this 21 Day of September, 2011 at 8:46:14 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>LESTER B. KEATS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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