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

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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* • **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. 134668	*2. Exact name of the limited liability company* GLENWOOD PROPERTIES, LLC
3. State of Formation RHODE ISLAND	*4. Brief description of the character of the business which is actually conducted in Rhode Island* REAL ESTATE MANAGEMENT

5. Principal office address: 400 GLENWOOD AVE. — *City*: PAWTUCKET — *State*: R. I. — *Zip*: 02861

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: RALPH R. RYAN, ESQ. — *Contact Title*: RESIDENT AGENT

Street Address: 1495 NEWPORT AVE. — *City*: PAWTUCKET — *State*: R. I. — *Zip*: 02861

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) ☐

Manager Name PAUL A. PERKOWSKI	*Manager Name* ELIZABETH PERKOWSKI
Street Address 36 RIVER VIEW AVE.	*Street Address* 36 RIVER VIEW AVE.
City SWANSEA — *State* MA — *Zip* 02777	*City* SWANSEA — *State* MA — *Zip* 02777
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).

134668

FILED
File Date _____
Check No. SEP 21 2011
By: BY 1540
FOR SECRETARY OF STATE USE ONLY
67816-2-675348

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.

X _____ 9.19.11
Signature of Authorized Person *Date*

PAUL A. PERKOWSKI
Print or Type Name of Authorized Person