



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\* • **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.<br>160489   |       | 2. Exact name of the limited liability company<br>TRAIL ASSOCIATES, LLC   |                         |              |     |
| 3. State of Formation<br>RI   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE INVESTMENT |                         |              |     |
| 5. Principal office address<br>1481 WAMPANOAG TRAIL   |       | City<br>EAST PROVIDENCE   | State<br>RI             | Zip<br>02915 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                         |              |     |
| Contact Name<br>GARY D'AMBRA  |       |   | Contact Title<br>MEMBER |              |     |
| Street Address<br>1481 WAMPANOAG TRAIL  |       | City<br>EAST PROVIDENCE   | State<br>RI             | Zip<br>02915 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                         |              |     |
| Manager Name<br>NONE  |       |   | Manager Name<br>NONE    |              |     |
| Street Address  |       |   | Street Address          |              |     |
| City  | State | Zip   | City                    | State        | Zip |
| Manager Name<br>NONE  |       |   | Manager Name<br>NONE    |              |     |
| Street Address  |       |   | Street Address          |              |     |
| City  | State | Zip   | City                    | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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).

160489

FILED

|                                 |               |
|---------------------------------|---------------|
| File Date                       | SEP 26 2011   |
| Check No.                       | By <u>mnc</u> |
| By:                             | <u>1626</u>   |
| 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.

X [Signature] 9-20-11  
Signature of Authorized Person Date  
GARY D'AMBRA, Member  
Print or Type Name of Authorized Person