

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. 529851	2. Exact FAB 4	name of the limited liability company I, LLC				
3. State of Formation RHODE ISLAND		4. Brief description of the REAL ESTATE &	character of the business white OTHER INVESTME	b is actually conducted in Rhode Island NTS. ANY LAWFUL BUSINESS.		
5. Principal office address 1015 AQUIDNECK AVENUE				City MIDDLETOWN	State RI	<i>гір</i> 028 <b>4</b> 2
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name DELFINE M. MARTIN				OR TITLE OF CONTACT PERSON:  Contact Title  MANAGER		
Street Address 1015 AQUIDNECK AVENUE				City MIDDLETOWN	State RI	<i>Ζι</i> ρ 02842
7. NAME AND ADDI	RESS OF			LITY COMPANY, IF APPLICACHMENTS ("X" BOX FOR		ST MEMBERS
Manager Name DELFINE M. MARTIN				Manager Name ARTHUR G. HANOIAN		
Street Address 1015 AQUIDNECK	AVEN	UE		Street Address 1015 AQUIDNECK AVE	ENUE	
City MIDDLETOWN		State RI	<i>Zip</i> 02842	City MIDDLETOWN	State RI	<i>Zip</i> 02842
Manager Name				Manager Name		
Street Address				Street Address		
Сиу	:	State	Ζip	City	State	Zip
8. RESIDENT AGENT This information is cur			of the Secretary of State.	: Changes require filing of Fort	m 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).

	529851
	FILED
File Date _	SEP 27 2011
Check No	<u> </u>
<b>D</b>	9V 775
By:FC	R 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

Delfine M. Martin, Manager

Print or Type Name of Authorized Person