



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

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. 136732		2. Exact name of the limited liability company MARARIAN COMPLEX, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FOR THE ACQUISITION, MAINTENANCE AND SALE OF REAL PROPERTY			
5. Principal office address P.O. BOX 16332		City RUMFORD	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEFFREY S. MARARIAN		Contact Title MANAGER			
Street Address P.O. BOX 16332		City RUMFORD	State RI	Zip 02916	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILE IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JEFFREY S. MARARIAN		Manager Name			
Street Address P.O. BOX 16332		Street Address			
City RUMFORD	State RI	Zip 02916	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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					

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2011 SEP 28 PM 12:59

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

136732

**FILED**

SEP 28 2011

By *[Signature]*  
153043

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.

*Mararian Complex LLC* 9/15/11  
Signature of Authorized Person Date

by JEFFREY S. MARARIAN MGR.  
Print or Type Name of Authorized Person

*Jeffrey S. Mararian* 9/15/11  
Form 632 Rev. 08/08

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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