

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 benalty fee of \$25.00.

1. 1D No. 111130		t name of the limited Hability company Properties, LLC					
3. State of Formation		ption of the character of the h	usiness which is actually conducted in i	Rhode Island			
5. Principal office ac 1 Ocean Heigh		10-10-10-10-1	City Newport	State Zip 02840			
5. MAILING AD Contact Name 1. William Cris		BILITY COMPANY AN	D NAME OR TITLE OF CONTA Contact Title Member	ACT PERSON:	·		
Street Address 1 Ocean Heigl	hts Road		^{Gitγ} Newport	State RI	7.ip 02840		
7. NAME AND A		AGER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF A	APPLICABLE - DO NOT X FOR ATTACHMENT)	r list members		
					<u>r list members</u>]		
Manager Name			ING ATTACHMENTS ("X" BOX		r list members		
Manager Name Street Address			NG ATTACHMENTS ("X" BO) Manager Name		LIST MEMBERS		
Manager Name Street Address City	FILL II	N SPACES BEFORE US	Manager Name Street Address	X FOR ATTACHMENT)			
7. NAME AND A Manager Name Street Address City: Manager Name Street Address	FILL II	N SPACES BEFORE US	Manager Name Street Address City	X FOR ATTACHMENT)			

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

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File Date	FILED	
Check No	SEP 2 9 2011	
Ву:	1523	
FOR S	ECRETARY 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.

A+CH

Signature of Authorized Person

J. William Crisp, Member

Print or Type Name of Authorized Person