

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. 98079	2. Exact name of the I	imited liability company Y, LLC			
3. State of Formation Rhode Island	l Purchase	ription of the character of , hold, develop and	the business which is actually cond d lease real estate.	ucted in Rhode Island	
5. Principal office address 21 Slater Road			City Cranston	State RI	7.ip 02920
Contact Name Robert E. Piac	ress of Limited Lim Citelli	BIERRY COMPANY AND	NAME OR LEGIC CONTA Contact Title Manager	CT PERSON:	
Street Address 21 Slater Road			City Cranston	RI State	2 <i>ip</i> 02920
Manager Name Robert E. Pia		GER OF THE MANIFRIO ESBIPRORPAGING AND	ILINIUS COMPANY IP AP ACHMENIS SEX BOX FO Manager Name Angela V. Piaci	RATZAGHUENT).	<u>LIST MEMBERS</u>
Street Address 21 Slater Road	<u></u>		Street Address 21 Slater Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Manager Name Robert E. Piac	citelli, Jr.		Manager Name David J. Piacitel	li	
Street Address 21 Slater Road	1		Street Address 21 Slater Road		
City Cranston 8 RESIDENT AGE:	State RI NT IN RHODE ISLAND	Zip 02920	City Cranston	State RI	Zip 02920
		ffice of the Secretary of Sta	ate. Changes require filing of For	m 642 – R.I.G.L. 7-16-1	

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

SEP 29 2011

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File Date
Check No.
By:
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.

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Signature of Authorized Bonney

Date Dept Zo:

Robert E. Piacitelli, Manager

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