RI SOS Filing Number: 201183707560 Date: 10/04/2011 4:00 PM

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

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.	2. Exact name of the limited liability company		
105210	METRO ASSET MANAGEMENT LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
	REAL ESTATE INVESTMENT		
5. Principal office address	City	State	Zip
11 NAYATT ROAD	BARRINGTON	RI	02806

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
DIDIER SARTOR	MANAGER		
Street Address	City	State	Zip
11 NAYATT ROAD	BARRINGTON	RI	02806

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
DIDIER SARTOR			
Street Address	Street Address		
11 NAYATT ROAD			
City / State / Zip	City	State	Zip
BARRINGTON RI 02806			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address		
JOSEPH RAHEB, ESQ			
Address	City	State	Zip
650 WASHINGTON HWY	LINCOLN	RI	02865

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

[redacted] [redacted]

FILED

File Date OCT 04 2011
Check No.
By: RV 2532

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.

Signature of Authorized Person *Date* 10/2/11

DIDIER SARTOR
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07

68227-14-683972