

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

iling 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.	2. Exact name of the limit	2. Exact name of the limited liability company							
129505	Attwood Real Estate of Block Island, LLC								
3. State of Formation 4. Brief description of the character of th			e business which is actually conducted in Rhode Island						
Rhode Island To sell, rent and manage re		nt and manage real e	al estate						
5. Principal office address		City	State	Zip					
Chapel Street			Block Island	RI	02807				
6. MAILING ADI	DRESS OF LIMITED LIAB	BELITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:					
Contact Name			Contact Tule						
Simone Attwood			President						
Street Address			City	State	Zip				
418 North Cayuga Street			Ithica	NY	14850				
7. NAME AND A	DDRESS OF EACH MAN	AGER OF THE LIMITE	D LIABILITY COMPANY, IF AI	PLICABLE - DO NO	I B SI MEMBERS				
			NG ATTACHMENTS ("X" BOX						
Manager Name Simone Attwood			Manager Name	Manager Name					
			Susan P. Weissman						
Street Address			Street Address						
418 North Cay	/uga Street		West Side Road						
City	State	Zip	City	State	Zip				
Ithica	NY	14850	Block Island	RI	02807				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zíp	City	State	Zip				
8. RESIDENT AC	JENT IN RHODE ISLAND								
This information	is currently of record in the	Office of the Secretary	of State Changes require filing of	f Form 642 - P.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).

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Under penalty of perjury, I declare and affirm that I have examined this reporincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person Date

Print or Type Name of Authorized Person