



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)(7)) is subject to a penalty fee of \$25.00.

| | | | |
|---|-------|---|-------------|
| 1. ID No. 294657 | | 2. Exact name of the limited liability company 686 INVESTMENTS, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF INVESTING | |
| 5. Principal office address 521 INDIAN AVENUE | | City MIDDLETOWN | State RI |
| | | Zip 02842 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name PHYLLIS LOHRUM | | Contact Title MEMBER | |
| Street Address 521 INDIAN AVENUE | | City MIDDLETOWN | State RI |
| | | Zip 02842 | |
| 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) <input type="checkbox"/> | | | |
| Manager Name NONE | | Manager Name NONE | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| Manager Name NONE | | Manager Name NONE | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| 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 | | | |

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

294657

FILED

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|---------------------------------|-------------|
| File Date | OCT 05 2011 |
| Check No. | 1520 |
| 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.

Phyllis Lohrum 1 Oct. 2011
Signature of Authorized Person Date

Phyllis Lohrum, Member

Print or Type Name of Authorized Person