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FOR SECRETARY OF STATE USE ONLY

By: __

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.1. 7.16.66 (d) each limited liability company failing or refusing to file its annual money within thirty (30) days from the time annual and the law.

1. ID No. 158640	2. Exact name of the limi Chapin Realty, LL	act name of the limited liability company pin Realty, LLC				
3. State of Formation Rhode Island	n 4. Brief descript Real Estate	4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment & Holdings				
5. Principal office address 12 Clark Lane			City Sudbury	State MA	^{Zip} 01776	
5. MAILING AD Tontact Name	DRESS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONT : Contact Title	TACT PERSON:		
Philip R. Jones			Member			
Street Address			City	State	Zip	
12 Clark Lane			Sudbury	MA	01776	
7. NAME AND A		AGER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF G ATTACHMENTS ("X" BO	APPLICABLE - <u>DO NOT</u> DX FOR ATTACHMENT)	<u>LIST MEMBERS</u>	
Manager Name Philip R. Jones			Manager Name			
Street Address 12 Clark Lane			Street Address			
City·	State	Zip	City	State	Zip	
Sudbury	MA	01776				
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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This information	is currently of record in the	Office of the Secretary of	f State. Changes require filing	g of Form 642 - R.I.G.L. 7-1	6-11 8 50	
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			authorized person pursuant	† to R.I.G.L. 7-16-66 (b),		
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	OCT 0 5 2011		aunorita person parsuani			
_	OCT 0.5 2011		annonga person parsuan		_	
	OCT 0.5 2011		Under penalty	of perjury, I declare and affir	n that I have examined this rep	
	OCT 0.5 2011		Under penalty including any a	of perjury, I declare and affir	n that I have examined this repstatements, and that all stateme	

Philip R. Jonés

Print or Type Name of Authorized Person Form 632 Rev. 08/08