RI SOS Filing Number: 201184112750 Date: 10/13/2011 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* • **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 limited liability company
130681	ANGELLIN LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	TO ACQUIRE AND INVEST IN INTEREST IN REAL PROPERTY

5. Principal office address	City	State	Zip
549 Branch Avenue	Providence	RI	02904

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

Contact Name	Contact Title
STEPHEN P. PULEO	

Street Address	City	State	Zip
5 KING PHILIP ROAD	LINCOLN	RI	02865

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
STEPHEN P. PULEO	FREDERICK V. DeAUGUSTINIS
Street Address	Street Address
5 KING PHILIP ROAD	1 STEPHANIE DRIVE
City / State / Zip	City / State / Zip
LINCOLN / RI / 02865	NORTH PROVIDENCE / RI / 02904
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 OCT 13 PM 2:02

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

130681 **FILED**

OCT 13 2011

By 15424
DS

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY
68545-1-688430

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.

Stephen P Puleo 10/5/11
Signature of Authorized Person *Date*

Stephen P. Puleo
Print or Type Name of Authorized Person

Form 632 Rev. 08/08