

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. 542009	2. Exact name of the limited liability company					
542009	BLICEGHO I, LLC					
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
Rhode Island Management of real property			y			
5. Principal office addres	\$	·	City	State	20	
105 Vallette Street			Cranston	RI	<i>Ζιρ</i> 02920	
6. MAILING ADDRE	SS OF LIMITED LIAR	HITY COMPANY AT			02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title						
Keith D. Bilezerian			Member	• ·········		
Street Address			City			
60 Fox Run Road			Wrentham	MA	Zip	
			•		02093	
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	Manager Name		
Street Address			Street Address	Street Address		
			•			
City	State	Zip	City	State	Zip	

Manager Name			Manager Name	: Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			5.0	Share	Σψ	
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						
J. T. T. T. Sand State S						

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

FILED

File Date OCT 1 7 2011

Check No. By MC

By: FOR SECRETARY OF STATE USE ONLY

542009

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

Keith D. Bilezerian

Print or Type Name of Authorized Person