

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

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. 488734		IN DEALTY LLC					
3. State of Formation RHODE ISLAND	te of Formation 4. Brief description of the character of the business with			bich is actually conducted in Rhode Island			
5. Principal office address 35 ANGELL ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAMI				City	State RI		Zip 02865
ADELE A. BECK		JABILITY COMPANY	AND NAME	OR TITLE OF CONTA	ACT PERSON:		
Street Address 35 LANTERN ROAD 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIAB FILL IN SPACES RECORD USING ATT				City LINCOLN	State RI		^{Zip} 02865
Manager Name NONE	ESS OF EACH M	ANAGER OF THE LIM IN SPACES BEFORE	IITED LIABI USING ATTA	LITY COMPANY, IF A ACHMENTS ("X" BO) Manager Name	APPLICABLE - <u>DO</u> C FOR ATTACHMENT	NOT LIST M	<u>IEMBERS</u>
Street Address			Street Address				
City	State	Zip		City	State	2	Zip
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip		City	State		Çip
8. RESIDENT AGENT Agent Name E. COLBY CAMER		ND - DO NOT ALTER	- Changes	require filing of For	m 642 - R.I.G.L. 7-	16-11	
Address 301 PROMENADE STREET				City PROVIDENCE		<i>Ζψ</i> 02908	

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

	488/34 FILED			
File Date	OCT 21 2011			

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.

Signature of Authorized Person Date 10/17/11

ADELE A. BECK

Print or Type Name of Authorized Person