



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

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. 76723		2. Exact name of the limited liability company Amalia Shevlin Fund, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE PROPERTY			
5. Principal office address 112 TELMORE ROAD			City Warwick	State RI	Zip 02818-01650
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Brian A. Grimes			Contact Title MEMBER		
Street Address 112 Telmore Road			City Warwick	State RI	Zip 02818-1650
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name James H. Hahn, Esq.			Address 180 South Main Street		
Address PARTRIDGE SNOW & HAHN LLP			City Providence	Zip 02903	

FILED

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By 154892

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

KMC

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SECRETARY OF STATE
CORPORATIONS DIV
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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.

Brian A. Grimes 10-12-11
Signature of Authorized Person Date

Brian A. Grimes
Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By:	_____
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