



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.<br>502949   |       | 2. Exact name of the limited liability company<br>ASSOCIATES OF QUAKER LANE, LLC  |             |
| 3. State of Formation<br>RHODE ISLAND   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>ANY LAWFUL BUSINESS. |             |
| 5. Principal office address<br>4019 QUAKER LANE   |       | City<br>NORTH KINGSTOWN   | State<br>RI |
|   |       | Zip<br>02852  |             |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |             |
| Contact Name<br>MICHAEL S. BESTWICK   |       | Contact Title<br>MEMBER   |             |
| Street Address<br>4019 QUAKER LANE  |       | City<br>NORTH KINGSTOWN   | State<br>RI |
|   |       | Zip<br>02852  |             |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |             |
| Manager Name  |       | Manager Name  |             |
| Street Address  |       | Street Address  |             |
| City  | State | City  | State       |
|   |       |   |             |
| Manager Name  |       | Manager Name  |             |
| Street Address  |       | Street Address  |             |
| City  | State | City  | State       |
|   |       |   |             |
| 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  |       |   |             |

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

**FILED**

File Date: OCT 25 2011

Check No. 324

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 10/15/11

MICHAEL S. BESTWICK, MEMBER  
Print or Type Name of Authorized Person