

A. Ralph Mollis, Secretary of State
Corporations Division
1 is W. River Street
Providence, Rt 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.

7. JD No 116709	1	uct name of the limited liability company dens Pond of Block Island, LLC					
3. Natic of Formation 4. Brief description of the character of the Real Estate Rental and Mana			on of the character of the bust Rental and Manage	usiness which is actually conducted in Rhode Island gement			
5. trincipal office address Cooneymus Road				City Block Island	State RI	Σφ 02 <b>807</b>	
6. MAILING ADI Contact Name Elliot Taubmar		MITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Member	T PERSON:	÷	
Addison House, High St. (P. O. Box 277)			City Block Island	State RI	Ζιρ 02 <b>807</b>		
7. NAME AND A  Manager Name  Michael Green			SPACES BEFORE USIN	G ATTACHMENTS ("X" BOX F  Manager Name  Linda Libow	FOR ATTACHMENT)		
Street Address 292 Post Road	l East			Street Address 239 Central Park W	est, Apt. 12C		
оду Westport		State CT	<i>г.</i> ф 06880	City New York	State NY	70024	
Manager Name Geba Greenberg				Manager Name Deborah Filkins			
Street Address 292 Post Road East				Street Address P. O. Box 999			
Westport 8. RESIDENT AG	GENT IN RH	State CT ODE ISLAND	ブゆ 06880	Block Island	State RI	νψ 02807	
GP 1 M-10-12-11-11-11-11-11-11-11-11-11-11-11-11-			and the state of t	f 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.C.L. 7-16-66 (b).

116709

	FII FD
File Date	OCT 26 2011
Check No.	e mnc
By:	4693
1	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 Authorid Person Date Date

Print or Type Name of Authorized Person

Form 632 Rev. 08/08