RI SOS Filing Number: 201184582850 Date: 10/27/2011 4:00 PM

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.	2. Exact name of the limited liability company		
326167	PICCON MANAGEMENT LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	COMMERCIAL & RESIDENTIAL PROPERTY LENDING AND MANAGEMENT, AND ALL OTHER BUSINESS ACTIVITY AS ALLOWED BY THE STATE OF RI		
5. Principal office address	City	State	Zip
1 GRAYWOOD DRIVE	LINCOLN	RI	02865

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
JOSEPH PICOZZI	MANAGER		
Street Address	City	State	Zip
1 GRAYWOOD DRIVE	LINCOLN	RI	02865

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		
JOSEPH PICOZZI			
Street Address	Street Address		
1 GRAYWOOD DRIVE			
City / State / Zip	City	State	Zip
LINCOLN / RI / 02865			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip

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

FILED
OCT 27 2011 2:00
By ck# 1041
KMC

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 OCT 27 PM 2:00

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

326167

FOR SECRETARY OF STATE USE ONLY
FEE PAID
CK/CR NO.
BY

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* 9/6/11

DAVE HUNTOON, CPA
Print or Type Name of Authorized Person

69013-1-691889

Form 632 Rev. 08/08