

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. 154130	2. Exact name of the lin C&B Blackstone	name of the limited liability company Blackstone, LLC				
3. State of Formation 4. Brief description of the character of the business Real Estate		iness which is actually conducted in Rh	ode Island			
5. Principal office address 10 Greene Street			Providence	State RI	^{Zip} 02903	
6. MAILING ADDRE Contact Name Richard Baccari	SS OF LIMITED LIA	BILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:		
Street Address 10 Greene Street			Cuy Providence	State RI	^{Zip} 02903	
7. NAME AND ADDI			D LIABILITY COMPANY, IF AP		LIST MEMBERS	
Manager Name Richard Baccari	Attalied Wilestins Liter - Frie Nick Well, St	stan use film for exciting to	Manager Name		eseator tusularistismo (generali e e e e e e e e e e e e e e e e e e e	
Street Address 10 Greene Street			Street Address			
City	State	Zip	City	State	Zip	
Providence	RI	02903	******************************			
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	СНу	State	Zip	
8. RESIDENT AGENT This information is cu	20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		of State. Changes require filing of	Form 642 - R.I.G.L. 7-1	6-11	

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

154130

File Date	HLED
Check No	OCT 2 8 2011
BY	2069

Under penalty of perjury, I declare and affirm that I have examined this report
including any accompanying schedules and statements, and that all statemen contained herein are true and correct
contained herein are true and correct

May 1 - Lallace 1 of 2 11/1
Signature of Authorized Person Date

Print or Type Name of Authorized Person

Form 632 Rev. 08/08