

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

1 ID No. <b>419144</b>		et name of the fimilied liability company  Narwick Avenue LLC				
3 State of Formation Rhode Island	4. Brief description To own, ma	n of the character of the basin nage and develop re	iess which is actually conducted in al estate	Rhode Island		
5. Principal office address 620 Warwick Avenue			Cuy <b>Warwick</b>	State RI	2ην <b>02888</b>	
6. MAILING ADI Contact Name Jason E. Pann		LITY COMPANY AND I	NAME OR TITLE OF CONT Contact Title Manager	ACT PERSON:		
Street Address 620 Warwick Avenue			City Warwick	RI State	Ζip 02888	
7. NAME AND A		GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF . GATTACHMENTS ("X" BO	APPLICABLE - <u>DO NO'</u> X FOR ATTACHMENT) [		
Monager Name  Jason E. Pannone			Manager Name			
Street Address 620 Warwick A	venue		Street Address			
сиу Warwick	State RI	Ζψ 0 <b>2888</b>	CHy	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City:	State	Zip	
	GENT IN RHODE ISLAND 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 <b>23</b> 65	
					SECRETARY OF STA DORPORATIONS DIV 2011 OCT 31 PM 1:	

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

419144

Check No. FOR SECRETARY O 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.

Gary R. Pannone, Authorized Person

Print or Type Name of Authorized Person