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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of
Corporations Div
148 W. River
Providence, RI 02904-
401.222.

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
118348	LINMARIIC, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNING AN INTEREST IN REAL ESTATE AND THE OPERATION AND MAINTENANCE OF SAME

5. Principal office address	City	State	Zip
293 Governor Street	Providence	RI	02906

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

Contact Name	Contact Title
Mary P. Nugent	Manager

Street Address	City	State	Zip
293 Governor Street	Providence	RI	02906

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	Street Address	City	State	Zip
Mary P. Nugent	293 Governor Street	Providence	RI	02906

Manager Name	Street Address	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

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

[redacted]

FILED
File Date OCT 3 1 2011
Check No. 787
By: BY
FOR SECRETARY OF STATE USE ONLY

[redacted]

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

✓ Mary P. Nugent ✓ 10-27-11
Signature of Authorized Person *Date*

[redacted]

Mary P. Nugent, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 08/0

69128-60-694881