



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.<br><b>152347</b>   |       | 2. Exact name of the limited liability company<br><b>SAFFRON PROPERTIES, LLC</b>   |                    |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE ACQUISITIONS, DEVELOPMENT, IMPROVEMENTS, SALES, RENTALS &amp; CONSULTING</b> |                    |                     |     |
| 5. Principal office address<br><b>53 BERKELEY AVENUE</b>   |       | City<br><b>NEWPORT</b>   | State<br><b>RI</b> | Zip<br><b>02840</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                    |                     |     |
| Contact Name<br><b>J. PETER BANG</b>   |       | Contact Title<br><b>MANAGING MEMBER</b>  |                    |                     |     |
| Street Address<br><b>121 MIDDLESEX ROAD</b>  |       | City<br><b>DARIEN</b>  | State<br><b>CT</b> | Zip<br><b>02860</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br><b>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/> |       |  |                    |                     |     |
| Manager Name   |       | Manager Name   |                    |                     |     |
| Street Address   |       | Street Address   |                    |                     |     |
| City   | State | Zip  | City               | State               | Zip |
| 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   |       |  |                    |                     |     |

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

152347

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>NOV 03 2011</b> |
| Check No.                       | <b>3641</b>        |
| 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 Authorized Person

**9/26/2011**  
Date

**PETER J. BANG**

Print or Type Name of Authorized Person