



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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. <b>106442</b>		2. Exact name of the limited liability company <b>Commerce Park Associates 9, LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Commercial Development, Real Estate Purchasing and Sales</b>	
5. Principal office address <b>207 Quaker Lane Suite 300</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Nicholas E Cambio</b>		Contact Title <b>Manager</b>	
Street Address <b>207 Quaker Lane Suite 300</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Nicholas E Cambio</b>		Manager Name <b>Vincent A Cambio</b>	
Street Address <b>207 Quaker Lane Suite 300</b>		Street Address <b>207 Quaker Lane Suite 300</b>	
City <b>West Warwick</b>	State <b>RI</b>	City <b>West Warwick</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02893</b>	
Manager Name <b>Melissa A Faria</b>		Manager Name	
Street Address <b>207 Quaker Lane Suite 300</b>		Street Address	
City <b>West Warwick</b>	State <b>RI</b>	City	State
Zip <b>02893</b>		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).

106442

FILED

File Date	<b>NOV 09 2011</b>
Check No.	By <b>[Signature]</b>
By:	<b>1688</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]** **10/31/11**  
Signature of Authorized Person Date  
**Nicholas E Cambio**  
Print or Type Name of Authorized Person