

A. Ralph Mollis. Secretary of State
Corporations Division
1-i8 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. 102134	2. Exact name of the limit SEM Properties, L	name of the limited liability company Properties, LLC				
State of Formation  Rhode Island  4. Brief description of the character of the busin To own real property and any oth			ness which is actually conducted in Rhode Island ner lawful purpose.			
5. Principal office address  1 Colfax Street			Gty Pawtucket	State RI	Ζφ <b>02860</b>	
6. MAILING ADDR Contact Name James A. Semer		ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	CT PERSON:	·	
Street Address 1 Colfax Street			Glly Pawtucket	State Ri	Ζψ 02860	
7. NAME AND AD		GER OF THE LIMITED SPACES BEFORE USIN	D LIABILITY COMPANY, IF AI IG ATTACHMENTS ("X" BOX	PPLICABLE - <u>DO NOT</u> FOR ATTACHMENT)	LIST MEMBERS	
Manager Name  James A. Semenkow			Manuger Name	Manager Name		
Street Address 1 Colfax Street			Street Address			
Cup Pawtucket	State RI	<i>Ζφ</i> <b>02860</b>	СНУ	Skite	ΖΦ	
Manager Name			Manager Name	Manager Name		
Street Address			Siree: Address			
City	Stette	Zip	СЦу	State	Zip	
	NT IN RHODE ISLAND currently of record in the	Office of the Secretary of	f State. Changes require filing of	f 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).

SEGNETATE STATE CONTROL 27

102134

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

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James A Semenkow, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 08/08