

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.

(R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$2	25.00.					
1. ID No. 000147342	, ,	· · ·					
3. State of Formation	4. Brief descripti REALESTA	on of the character of the b TE HOLDING	nistness which is actually conducted in Rh	ode Island			
5. Principal office address 81 - b WESTERN INDUSTRIAL DRIVE			CRANSTON	State RI	^{Zip} 02920		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name RICHARD ST. ANGELO			Contact Title PRESIDENT				
Street Address 81 - B WESTERN INDUSTRIAL DRIVE			City CRANSTON	State RI	^{Ζφ} 02920		
7. NAME AND AD	DRESS OF EACH MANA FILL IN S	GER OF THE LIMITI SPACES BEFORE USI	ED LIABILITY COMPANY, IF APING ATTACHMENTS ("X" BOX I	PLICABLE - DO NO'FOR ATTACHMENT)	<u>I LIST MEMBERS</u>]		
RAS PROPERTIES, LLC 3. State of Formation RI 4. Brief description of the character of the but REALESTATE HOLDING 5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name RICHARD ST. ANGELO 6. Street Address 6. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED FILL IN SPACES BEFORE USIN Manager Name 6. Street Address 6. State 6. State 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED FILL IN SPACES BEFORE USIN Manager Name 6. Street Address 6. State 6. State 7. State 7. State 8. St	Manager Name						
Street Address			Street Address	Street Address			
City	State	Ζίρ	City	State	Zip		
Manager Name		*****************************	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGE. This information is	NT IN RHODE ISLAND currently of record in the (I Office of the Secretary	of State. Changes require filing of	Form 642 - R.I.G.L. 7-	16-11 CR		
					5. − 25		
					A CONTRACTOR		
					95 :II:		

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

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File Date	DEC 05 2011	-11
Check No.	By MMC)	· · ·
Bv.	0182	
- , . <u></u>	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 Dale

Print or Type Name of Authorized Person