

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

Fiting 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 luw (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

1. ID No.	2 Fracts		ed Hability company				
486043	l l	WAY PROPERTIES, LLC					
3. State of Formation 4. Brief description of the character of the busines. REAL ESTATE INVESTMENT				business which is actually conducted in Ri	bode Island	20 OF	
5. Principal office address 1 FRANKLIN SQUARE				PROVIDENCE	State RI	302903 = -	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N. Contact Name GERARD DISANTO, II				ND NAME OR TITLE OF CONTAC Contact Title MEMBER	Contact Title		
Street Address 1 FRANKLIN SQUARE			City PROVIDENCE	State RI	. 029 03		
7. NAME AND	ADDRESS OF			TED LIABILITY COMPANY, IF ASSING ATTACHMENTS ("X" BOX	PPLICABLE - <u>DO NO</u> FOR ATTACHMENT) [T LISTONEMBERS	
Manager Name NONE				Manager Name NONE	•		
Street Address				Street Address	Street Address		
City		State	Zip	City:	State	Zip	
Manager Name NONE				Manager Name NONE	• "		
Street Address				Street Address	Street Address		
City		State	Zip	Cuy	State	Zip	
8. RESIDENT A This information			Office of the Secretar	ry of State. Changes require filing o	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).

FILED
File DateDEC 05 2011
Check No. By MMC
Ву:320

FOR SECRETARY OF STATE USE ONLY

486043

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

GERARD DISANTO, II, Member

Print or Type Name of Authorized Person