

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 Pariod: 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. 518748	2. Exact name of the limit New England Inve	stments LLC				
3. State of Formation RI	Property in	4. Brief description of the character of the business which is actually conducted in Rhode Island Property investments				
5. Principal office add 2 Dinaro Dr	dress		City Smithfield	State RI	^{Zip} 02917	
6. MAILING ADE Contact Name Gregory Meger		ILITY COMPANY AN	ND NAME OR TITLE OF CONTAC Contact Title Owner	T PERSON:		
Street Address 50 Chilton st			^{Cuy} Cambridge	State ma	<i>Ζψ</i> 02138	
7. NAME AND A			ED LIABILITY COMPANY, IF AP SING ATTACHMENTS ("X" BOX	PLICABLE - DO NOT		
Manayer Name			Manager Name			
Street Address			Street Address	= 98 ₊		
City	State	Ζψ	City	State	24 M TO	
Manager Name	•		Manager Name	<u> </u>	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Street Address			Street Address		2 S S T D	
City	State	Ζίρ	City	State	S zip (57)	
	SENT IN RHODE ISLAND is currently of record in the		y of State. Changes require filing of	f 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).

518748

	FILED	
File Date		_
Check No.	DEC 0 5 2011	
av	1040	
By: FO.	R 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 Derson Date

Print or Type Name of Authorized Person