

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.

1. ID No. 546894	2. Exact na	t name of the limited liability company LLC					
3. State of Formation 4. Brief description of the character of the to aquire, own, sell and buy F			on of the character of the b wn, sell and buy R	business which is actually conducted in Rhode Island Real Estate			
5. Principal office address 472 Potters Avenue				City Providence	State RI	<i>Zip</i> 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Paul A. Calenda				NAME OR TITLE OF CONTACT PERSON: Contact Title Member			
Street Address 472 Potters Avenue			City Providence	State RI	2tp 02907		
7. NAME AND AD Manager Name	DRESS OF E			ED LIABILITY COMPANY, IF ARING ATTACHMENTS ("X" BOX Manager Name			
Street Address				Street Address	Street Address		
City	s	tate	Zip	City	State	Zip	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City	S	tate	Zip	City	State	Zip	
8. RESIDENT AGE This information is	State of the state	managed the second		of State. Changes require filing o	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).

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FOR SECRETAR	Y 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.

12-23-11

Signature of Authorized Person

Date

Paul A. Calenda

Print or Type Name of Authorized Person