



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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~~2009~~

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. 000136865		2. Exact name of the limited liability company GENEX HOMES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE ACQUISITION, DEVELOPMENT AND MANAGEMENT OF REAL & PERSONAL PROPERTY	
5. Principal office address 263 SHAMROCK DRIVE		City WARWICK	State RHODE ISLAND
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHARLES DEFREITAS		Contact Title MANAGER	
Street Address 263 SHAMROCK DRIVE		City WARWICK	State RHODE ISLAND
		Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name CHARLES DEFREITAS		Manager Name	
Street Address 263 SHAMROCK DRIVE		Street Address	
City WARWICK	State RHODE ISLAND	Zip 02886	City
State 	Zip 	City 	State
Manager Name		Manager Name	
Street Address		Street Address	
City 	State 	Zip 	City
State 	Zip 	City 	State
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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 STATE
 CORPORATIONS DIV.

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

000136865

FILED

JAN 05 2012

By 159977

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

Date

CHARLES DEFREITAS

Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	