



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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2011

1. ID No. 000522559

2. Exact Name of the Limited Liability Company 45 COMMERCE, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO OWN AND OPERATE REAL ESTATE

5. Principal Office Address

No. and Street: 50 WHITECAP DRIVE
SUITE 302

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 50 WHITECAP DRIVE
SUITE 302

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DOUGLAS B RIGGS	50 WHITECAP DRIVE, SUITE 302 NORTH KINGSTOWN, RI 02852 US

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DOUGLAS B. RIGGS 50 WHITECAP DRIVE SUITE 302 NORTH KINGSTOWN , RI 02852

Signed this 24 Day of January, 2012 at 12:20:34 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DOUGLAS B. RIGGS
Signature of Authorized Person

Form No. 632
Revised 09/07

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