



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
(401.222.3010)

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. 154253		2. Exact name of the limited liability company Mallard Shores LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Engage in business of real property ownership, management and related activities	
5. Principal office address 45 Putnam Place		City Harmony	State RI
		Zip 02829	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Linda A. Steere		Contact Title Managing Partner	
Street Address P.O. Box 8		City Harmony	State RI
		Zip 02829	
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 Linda A. Steere		Manager Name Russell N. Steere	
Street Address P.O. Box 985		Street Address P.O. Box 8	
City WEst Kingston	State RI	Zip 02892	City Harmony
			State RI
Street Address		Street Address	
City	State	City	State
			Zip
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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FILED

JAN 26 2012

By Linda A. Steere

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

154253

File Date _____
 Check No. _____
 By: _____
 FOR 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.

Linda A. Steere 1/10/2012
 Signature of Authorized Person Date
LINDA A. STEERE
 Print or Type Name of Authorized Person