



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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 000504542		2. Exact name of the limited liability company Uncle Leo Properties, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island for the acquisition and sale of real estate investment and other investments	
5. Principal office address 999 South Broadway		City East Providence	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nicholas Barrett		Contact Title President	
Street Address 999 South Broadway		City East Providence	State RI
		Zip 02914	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Nicholas Barrett		Address	
Address 999 South Broadway		City East Providence	Zip RI

RECEIVED
 OFFICE OF THE SECRETARY OF STATE
 CORPORATIONS DIVISION
 FEB 10 2012 11:55 AM

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

000504542 FILED

FEB 10 2012

File Date	By
Check No.	DS
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.

Nicholas Barrett 2/9/12
 Signature of Authorized Person Date

Nicholas Barrett
 Print or Type Name of Authorized Person