STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **133331**	2. Exact name of the limited liability company **Container Realty Company, LLC**
3. State of Formation **RI**	4. Brief description of the character of business conducted in Rhode Island **to hold, own, buy, sell, pledge or otherwise deal in any and all investment opportunities**

5. Principal office address	City	State	Zip
10 Campanelli Circle	Canton	MA	02021

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Gail A. Conca	**Operating Manager**

Street Address	City	State	Zip
10 Campanelli Circle	**Canton**	**MA**	**02021**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Glen M. Gardiner	10 Campanelli Circle	Canton	MA	02021
Gail A. Conca	10 Campanelli Circle	Canton	MA	02021
J. Samuel Abbott	10 Campanelli Circle	Canton	MA	02021

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

SECRETARY OF STATE CORPORATIONS DIV
2012 MAY 21 AM 11:47

FILED 1147
MAY 21 2012
BY DL 170959

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.

Gail A. Conca 5-18-12
Signature of Authorized Person Date

GAIL A. CONCA
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
78320-1-735271