

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.						
•	2. Exact name of the limited liability company					
139559	MANSION PROPERTIES, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RI	REAL ESTATE INVESTMENT					
5. Principal office address 104 CLAY STREET			CENTRAL GAUS	State R T	Zip 02863	
6. MAILING ADDRESS OF LIMIT	ED LIABILITY C	OMPANY AND NAME (OR TITLE OF CONTACT PERSON	i:		
Contact Name			Contact Title			
JOHNACHOPOURIAN			City State Zip 02863			
Street Address			City	State	Zip	
104 CLAY STREET			CENTRAL PALLS	RI	02863	
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT	S AND ADDRES	SSES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - DO NOT	LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City		Zip	City	State	1	
		-,-	City	State	Zip	
Manager Name			Manager Name	1	1	
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE	ISLAND		<u></u>			
This information is currently of	ecord in the Off	ice of the Secretary of	State. Changes require filing Fo	rm 642		
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File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No	JUN 1 8 2012	and that all statements contained herein are true ar	/o/ 15/12	
By:	1903	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		TERESA CHOPOURTAN Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012