



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 2012**

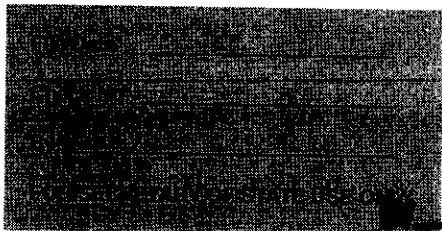
Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>116811</b>		2. Exact name of the limited liability company <b>A. L. BRADY LLC.</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>Acquiring, DEVELOPING, LEASING, SELLING, &amp; OTHERWISE DEALING IN REAL PROPERTY</b>			
5. Principal office address <b>22 RODMAN STREET</b>		City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	
Contact Name <b>SUSAN R HOGAN</b>		Contact Title <b>MANAGER</b>			
Street Address <b>201 CONGDON DRIVE</b>		City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	
<input type="checkbox"/> ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE, DO NOT LIST MEMBERS AND OFFICERS.					
Manager Name <b>SUSAN R HOGAN</b>		Manager Name <b>KAREN J LAQUE</b>			
Street Address <b>201 CONGDON DRIVE</b>		Street Address <b>100 HAMPTON WAY</b>			
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

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

116811



**FILED**  
 AUG 22 2012  
 1170

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.

*Susan R Hogan* 8/16/12  
 Signature of Authorized Person Date

**SUSAN R HOGAN**  
 Print or Type Name of Authorized Person