

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

507708	2. Exact nam Frontier f	e of the limited liabi Road Propertie	lity company s, LLC			
3. State of Formation		Brief description of the character of business conducted in Rhode Island real estate holding company				
Rhode Island	Tour ootas	o ,,o.eg	, ,			
5. Principal office address 15A Frontier Road			City Ashaway	State RI	Zip 02804	
6. MAILING ADDRESS C	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Raymond Quinlan			Contact Title			
Street Address 15A Frontier Road			City Ashaway	State RI	Zip 02804	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
Street Address	State	Zip	Street Address City	State	Zip	
City	State	Zip		State	Zip	
City Manager Name	State	Zip	City	State	Zip	
	State	Zip Zip	City Manager Name	State	Zip Zip	
City Manager Name Street Address	State		City Manager Name Street Address			

FILED

SEP 04 2012

Ch # 1099

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.

Signature of Authorized Person

Date

Raymond Quinlan

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012