

## 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. 120640	2. Exact name of the limited liability company Fulton Developers, LLC									
3. State of Formation	<b>I</b>	4. Brief description of the character of business conducted in Rhode Island  To own, operate and lease retail estate.								
5. Principal office address 46 Aborn Street 4th Floor			City Providence	State RI	Zip <b>02903</b>					
	LIMITED LIABILI	Y COMPANY AND	NAME OF ITTLE OF CONTACT P	ERSON:						
Contact Name Kimberly Haskins			Controller							
Street Address 46 Aborn Street 4th Floor			City <b>Providence</b>	State RI	Zip <b>02903</b>					
7. UST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, II	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS					
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8-RESIDENT AGENT IN F	HODE ISLAND									
This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642.	·					

FILED

SEP 1 7 2012

File Date FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

Under penalt	y of perjury	, I declare	and affirm	that I have	examined
this report, it	cluding	y accomp	anying sch	edules and	statements,
and that all a	atements	contained	herein are	true and co	rect.
	$\mathbf{V}$			A-2 89/0	
	イプへ	<del>-4</del>	بمعرا .		1/2012

Signature of Authorized Person

Date

Arnold B. Chace, Jr.

Print or Type Name of Authorized Person