



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.

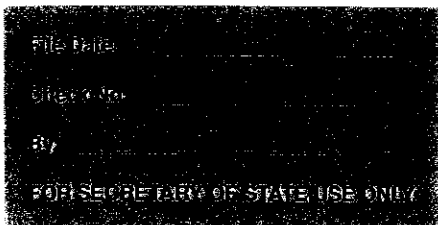
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|--|-----------|---|--------------------------|--------------------|---------------------|
| 1. Entity ID No. <u>000153586</u> | | 2. Exact name of the limited liability company <u>909 Eddy, LLC</u> | | | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u> | | | |
| 5. Principal office address <u>1145 MAIN STREET, SUITE 3</u> | | | City <u>PAWTUCKET</u> | State <u>RI</u> | Zip <u>02860</u> |
| 6. Principal office address <u>1145 MAIN STREET, SUITE 3</u> | | | City <u>PAWTUCKET</u> | State <u>RI</u> | Zip <u>02860</u> |
| 7. Contact Name <u>STEFANIA M. MARDO</u> | | | 8. Contact Title | | |
| 9. Street Address <u>1145 MAIN STREET, SUITE 3</u> | | | City <u>PAWTUCKET</u> | State <u>RI</u> | Zip <u>02860</u> |
| 10. (LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. <input type="checkbox"/> NO RESIDENT AGENT IN RHODE ISLAND | | | | | |
| 11. Manager Name | | | 12. Manager Name | | |
| 13. Street Address | | | 14. Street Address | | |
| 15. City | 16. State | 17. Zip | 18. City | 19. State | 20. Zip |
| 21. Manager Name | | | 22. Manager Name | | |
| 23. Street Address | | | 24. Street Address | | |
| 25. City | 26. State | 27. Zip | 28. City | 29. State | 30. Zip |
| 31. RESIDENT AGENT IN RHODE ISLAND <input type="checkbox"/> NO RESIDENT AGENT IN RHODE ISLAND | | | | | |
| 32. This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

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 CORPORATIONS DIV



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.

Stefania Mardo 9/17/12
 Signature of Authorized Person Date

STEFANIA M. MARDO
 Print or Type Name of Authorized Person