State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	*2. Exact name of the limited liability company*
154812	Blackfoot Properties, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
Rhode Island	Real estate

5. Principal office address	*City*	*State*	*Zip*
30 Cherokee Bend	Charlestown	RI	02813

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
M. Christine Benoit	Authorized Person

Street Address	*City*	*State*	*Zip*
30 Cherokee Bend	Charlestown	RI	02813

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

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 RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	
Deborah DiNardo Esq.	180 South Main Street	
Address	*City*	*Zip*
Partridge Snow & Hahn LLP	Providence	02903

2012 SEP 24 PM 2:59
CORPORATIONS DIV.

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

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* 9/8/12

M. Christine Benoit
Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
SEP 2 4 2012
BY 34422 [redacted]

Form 632 Rev. 07/07