State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State Division Of Business Services	:0 00
Division Of Business Services	.00
148 W. River Street Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company Annual Report Filing Period: September 1 - November 1	
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.	
ANNUAL REPORT YEAR: 2012	
1. ID No. <u>000132443</u>	
2. Exact Name of the Limited Liability Company ACCESS AMERICA - EAST GREENWICH, LL	<u>.C</u>
3. State of Formation	
State: <u>RI</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
<u>REAL ESTATE</u>	
5. Principal Office Address	
No. and Street: <u>387 MAIN STREET</u>	
City or Town:EAST GREENWICHState: RIZip: 02818Country: USA	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: ELLEN M. BRADLEY Contact Title: BROKER	
No. and Street: 387 MAIN STREET	
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA	
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
City or Town: EAST GREENWICH State: <u>RI</u> Zip: <u>02818</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Country: USA Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	

Signed this 26 Day of September, 2012 at 12:21:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ELLEN M. BRADLEY Signature of Authorized Person

Form No. 632 Revised 09/07

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