RALPH MOIL	State of Rhode Island Office of the			DNS Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability C Annual Report Filing Period: Septemb				
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 YE	EAR: <u>2012</u>			
1. ID No. <u>000705602</u>				
2. Exact Name of the Limited Liability Company $\underline{1870, LLC}$				
3. State of Formation				
State: <u>RI</u>				
Real estate investmer				
No. and Street:	4722 DORSET AVE			
City or Town:	CHEVY CHASE	State: MD	Zip: <u>20815</u>	Country: <u>USA</u>
6. Mailing Address o	of Limited Liability Company	and Name o	r Title of Contact P	Person:
Contact Name: <u>JOS</u> No. and Street:	<u>EPH E. LIPSCOMB</u> Contact Tit <u>4722 DORSET AVE</u>	le: <u>MEMBE</u>	<u>R</u>	
City or Town:	CHEVY CHASE	State: MD	Zip: <u>20815</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Nam	e	Ado	dress
	First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
JOSEPH A PRIESTLY JR 85 BEACH STREET WESTERLY , RI 02891				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

## Signed this 26 Day of September, 2012 at 4:10:15 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 JOSEPH E. LIPSCOMB Signature of Authorized Person

Form No. 632 Revised 09/07

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