State of Rhode Island and Providence Plantations Office of the Secretary of State Fee: \$50.00 Division Of Business Services 148 W. River Street Providence RI 02904-2615 (d1) 222-3040 Selvention Limited Liability Company Annual Report Selvention of the Secretary of State Selvention Annual Report Selvention of the Secretary of State Selvention Annual Report Selvention of the Secretary of State Selvention Annual Report Selvention of Selvention Selvention ANNUAL REPORT YEAR: 2012 Selvention Selvention 1. ID No. 000115382 Selvention Selvention 2. Exact Name of the Limited Liability Company Keugh Street Reality Associates, LLC Selvention Selvention State of Formation State: RI Zip: 02885 Country: USA State of Street Selvention Selvention Selvention State: RI Zip: 02885 Country: USA A Baddress of Limited Liability Company and Name or Title of Contact Person: Cancet Name: Selvention Selvention State: RI Zip: 02885 Country: USA Selvention Selvention State of Formation State: RI Zip: 02885 Country: USA <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>						
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7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address 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 GORDON A. CARPENTER C/O GOMES 3RD FL 91 FRIENDSHIP STREET PROVIDENCE , RI 02903			State: RI	Zin: 02885	Country: USA	
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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 GORDON A. CARPENTER C/O GOMES 3RD FL 91 FRIENDSHIP STREET PROVIDENCE , RI 02903			he Limited Liab	ility Company, if A	pplicable.	
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 GORDON A. CARPENTER C/O GOMES 3RD FL 91 FRIENDSHIP STREET PROVIDENCE , RI 02903	Title	Individual	Name	A	ddress	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 GORDON A. CARPENTER C/O GOMES 3RD FL 91 FRIENDSHIP STREET PROVIDENCE , RI 02903						
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 GORDON A. CARPENTER C/O GOMES 3RD FL 91 FRIENDSHIP STREET PROVIDENCE , RI 02903	<u>I</u>	1		1		
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 GORDON A. CARPENTER C/O GOMES 3RD FL 91 FRIENDSHIP STREET PROVIDENCE , RI 02903						
9 This report must be executed by an authorized person purculant to PICL 7.16.66 (b)	GORDON A. CARPE	NTER C/O GOMES 3RI	D FL 91 FRIEND	SHIP STREET PROV	/IDENCE , <u>RI</u> 02903	
	9 This report must be	executed by an auth	orized parson a		7-16-66 (b)	

Signed this 28 Day of September, 2012 at 1:34:39 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 <u>GORDON CARPENTER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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