

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.

	2. Exact nan	2. Exact name of the limited liability company							
161322	Colonial	Colonial Manor, LLC							
3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rhoo	le Island					
Rhode Island	Real estate investment and management								
5. Principal office address P.O. Box 9193			City Pawtucket	State RI	Zip 02860				
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:					
Contact Name James A. Briden Street Address 150 Main Street, P.O. Box 1325			Contact Title Registered Agent						
			City Pawtucket	State RI	Zip 02860				
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBER:				
Manager Name			Manager Name						
Manager Name			Manager Name						
			Manager Name Street Address						
Street Address	State	Zip		State	Zip				
Street Address City	State	Zip	Street Address	State	Zip				
Street Address City Manager Name	State	Zip	Street Address City	State	Zip				
Street Address City Manager Name Street Address	State	Zip Zip	Street Address City Manager Name	State	Zip Zip				
Manager Name Street Address City Manager Name Street Address City 8. RESIDENT AGENT IN R	State		Street Address City Manager Name Street Address						

FILED

NOV 07 2012

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

Under pena	ity of	perj	ury, I d	leclare and	affirm th	at I h	ave (examined	
this report,	inclu	ding	any a	ccompany	ing sched	ules.	and s	statements	i,
and that all	state	ment	s con	tained her	ein are tru	ie and	d cor	rect.	
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Signature of Authorized Person

Date

James A. Briden

Print or Type Name of Authorized Person