

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.

1. Entity ID No.	2. Exact name of the limited liability company					
276037	Highland CCC I, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island Real Estate Holding					
Rhode Island						
5. Principal office address 1300 Highland Cor	porate Drive, Su	uite 202				
6. PALIANDA DOLLES SI		Y COMPANY AND TO				
Contact Name Scott A. Gibbs	ntact Name		Contact Title EDFRI Managing Partner			
Street Address 1300 Highland Cor	et Address 00 Highland Corporate Drive, Suite 202		City Cumberland	State RI	Zip 02864	
7 LIST <u>ALL</u> MANAGERS TX BOX FOR ATTAC	(NAMES AND ADD FINENT)	RESSES) OF THE	MITTED LIABILITY COMPANY IF	APPLICABLE: DO	COT (19) MEMBERS	
Manager Name The Economic Dev	elopment Foun	dation of RI, Inc.	Manager Name			
Street Address 1300 Highland Corp	porate Drive, Su	ite 202	Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip	
Manager Name			Manager Name			
Street Address		. THE THE MAIN	Street Address		Compression and Assessment and Asses	
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND	<u> </u>				
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require f	iling Form 642.		

NOV 2 8 2012

By MMC) Ch # 1245

H1144	180	a institu	rengas.
	A CHARLES		i Ti
Check	io;	2005	
By!		/19 <u> </u>	
EOD/GE	CRETARY O	i erare i	ČENIJI V
W.W.			

Form No. 632 Revised: 01/2012 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

11/20/12 Date

Scott A. Gibbs

Print or Type Name of Authorized Person