RI SOS Filing Number: 201204350010 Date: 11/30/2012 4:00 PM

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
147000	**Historic Pascoag Grammar, LLC**
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Purchase, hold, develop, sell and rent real estate and for any lawful purposes**

5. Principal office address	City	State	Zip
9 Old Jenckes Hill Road	**Lincoln**	**RI**	**02865**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Robert S. Jensen	**Manager**

Street Address	City	State	Zip
9 Old Jenckes Hill Road	**Lincoln**	**RI**	**02865**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Robert S. Jensen	**Denise R. Jensen**
Street Address	Street Address
9 Old Jenckes Hill Road	**9 Old Jenckes Hill Road**
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	**Lincoln / RI / 02865**
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

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BY CL 184578

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

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 — Date: 11/30/12

Robert S. Jensen, Manager
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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